



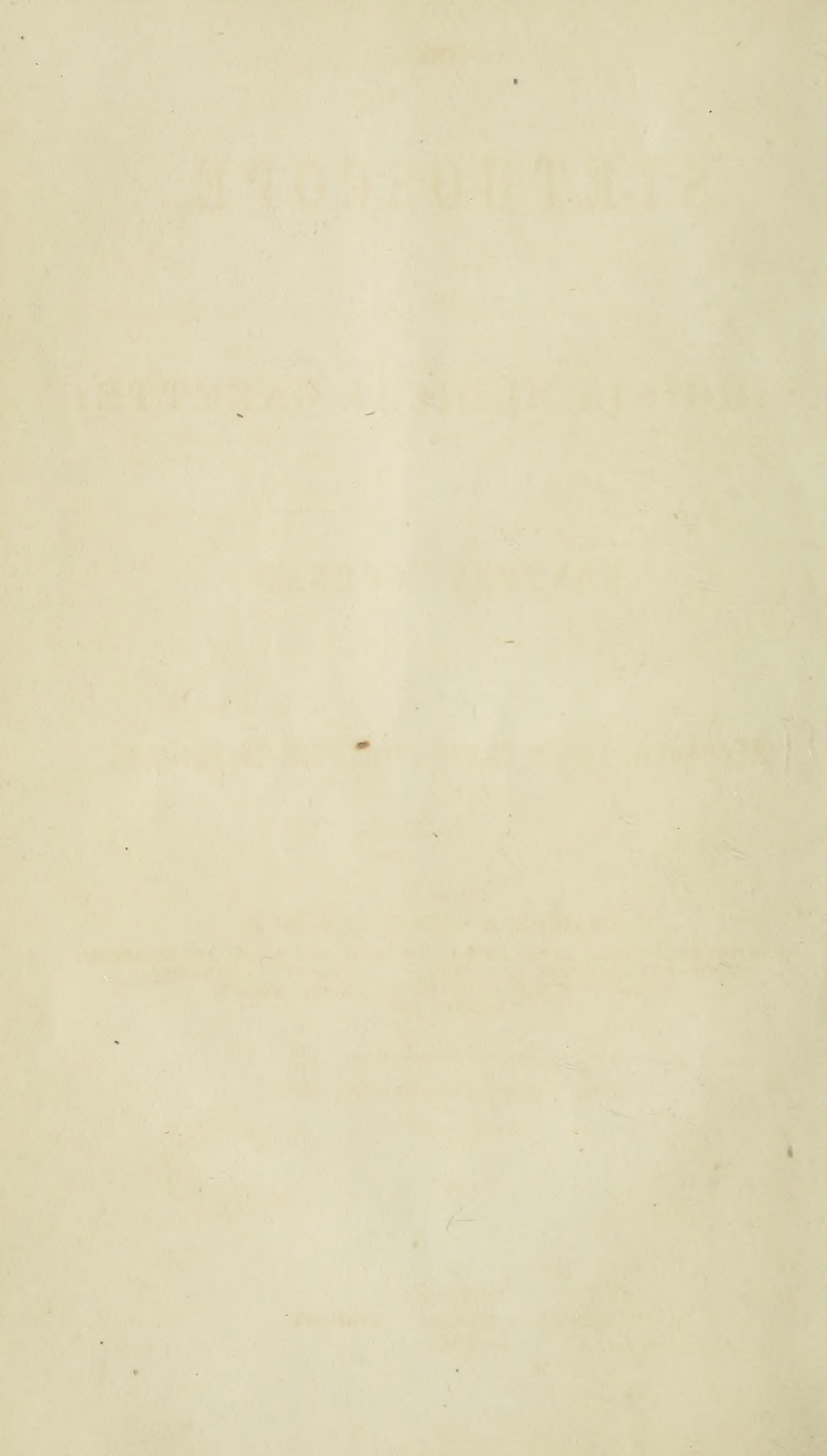
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UNITED STATES OF AMERICA.



THE
STETHOSCOPE,
AND
VIRGINIA MEDICAL GAZETTE:
A
MONTHLY JOURNAL
OF
Medicine and the Collateral Sciences.

EDITED BY
P. CLAIBORNE GOOCH, A. M., M. D.
ONE OF THE SECRETARIES OF THE AMERICAN MEDICAL ASSOCIATION, AND SECRETARY
OF THE MEDICAL SOCIETY OF VIRGINIA—FELLOW OF THE PATHOLOGICAL
SOCIETY OF MONTREAL AND OF THE PARISIAN MEDICAL
SOCIETY, ETC.

"Medicine is enriched by facts only."—BROUSSAIS.

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Vol. 1

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THIS VOLUME CONTAINS ORIGINAL PAPERS FROM THE FOLLOWING

CONTRIBUTORS:

L. B. Anderson, M. D.
G. W. Ashby, M. D.
James Bolton, M. D.
John J. Boswell, M. D.
W. S. Bowyer, M. D.
D. W. Brodnax, M. D.
J. N. Broocks, M. D.
Wm. M. Broocks, M. D.
Wm. Browne, M. D., *Pres't Med.
Society Fredericksburg.*
P. H. Cabell, M. D.
Robt. G. Cabell, M. D.
J. H. Claiborne, M. D.
G. Lane Corbin, M. D.
J. B. Davies, M. D.
F. H. Deane, M. D.
Thos. Dunn, M. D.
J. R. Elsome, M. D.
D. S. Evans, M. D.
W. B. Evans, M. D.
J. M. Galt, M. D., *Phys, and Supt.
Eastern Lunatic Asylum.*
T. J. Garden, M. D.
S. C. Gholson, M. D.
P. C. Gooch, M. D.
P. H. Grigg, M. D.
W. D. Haskins, M. D.
R. W. Haxall, M. D.
M. H. Houston, M. D.
R. E. Jennings, M. D.
R. G. Jennings, M. D.

C. P. Johnson, M. D., *Prof. Anat.
and Phys. Hamp. Sid. Med. Col.*
W. F. Jones, M. D.
L. S. Joynes, M. D.
Joseph Laidley, *Pharmaceutist.*
Zachary Lewis, M. D.
Harvey Lindsly, M. D.
J. P. Little, M. D.
R. L. Madison, M. D.
J. C. Marcks, M. D.
O. F. Manson, M. D.
D. T. Martin, M. D.
W. D. Meriwether, M. D.
A. T. B. Merritt, M. D.
J. P. Mettauer, M. D., *Prof. Med.
&c. Rand. Macon Med. College.*
C. R. Palmore, M. D.
J. F. Peebles, M. D.
Thomas Pollard, M. D.
M. P. Scott, M. D.
Albert Snead, M. D.
J. Snyder, M. D.
P. C. Spencer, M. D.
J. J. Thweatt, M. D.
J. W. H. Trugien, M. D.
A. B. Tucker, M. D.
T. J. Young, M. D.
J. Wistar Walke, M. D.
G. A. Wilson, M. D.

THE



AND

VIRGINIA MEDICAL GAZETTE.

No. 1.]

RICHMOND, JANUARY 1851.

[Vol. I.

INTRODUCTION.

In embarking upon the arduous and responsible task of establishing and editing a monthly medical journal in Virginia, we deem it due to those upon whose patronage and support we are dependent, to set forth our views and intentions at some length. The establishment of a medical press in Virginia has been a long-cherished desire of the whole profession. In 1846, in convention assembled, the report of a committee urging the establishment of a journal was unanimously adopted; but, from various causes, no one hitherto has volunteered to risk the labor and expense of the undertaking. In doing so ourselves, we naturally felt some doubts and misgivings as to the success of our enterprise. These, however, have been totally dispelled by the flattering and earnest assurances of assistance—(without which we feel incompetent to the task)—which we have already received from many of our zealous professional brethren, in every direction. It is proper to say, that our determination to assume the important post which we occupy dates no further back than the past month. In the short space of 30 days all the arrangements were to be made to put into operation a monthly publication. Arrangements with publishers—securing original matter and contributors, the making known our intention and obtaining subscribers—all to be done at once—were embarrassments which cannot be readily appreciated by the uninitiated. These disadvantages being met, we found another source of perplexity, viz: the selection of a NAME; and it being a matter of considerable moment, gave much concern. To choose one which would please *everybody* we knew was impossible, and to select one which would give satisfaction to the greatest number presented no little difficulty. We accordingly communed with many professional friends, of the best judgment and taste, both far and near, for aid; and, after the most mature consultation about a matter of so little *real importance*, the STETHOSCOPE was selected. As some have already criticised the election, it may be well to allege some reasons in its favor. There are so many “Journals,” “Gazettes,” “Recorders,” “Examiners,” and other similar titles already in circulation, that none of those seemed eligible. The aptness of a name after some important professional instrument, had been attested by the “Lanct,” “Scalpel,” &c. The “STETHOSCOPE,” then, was deemed particularly adapted, as the name of a work not devoted to any particular department, but to medicine generally. It is an instrument used in each of the practical divisions of our art, and is a valuable means for obtaining information—

such, may we hope, will be our Stethoscope. Its devotion to auscultation will be no more exclusive than is that of the "London Lancet" to venesection, or the "Scalpel" to dissections. So much for the name—it being satisfactory to us, we hope that it will not be the source of any sort of prejudice with others.

The objects of this journal scarcely need to be explained. We desire our pages to be the medium for drawing more closely the bonds of professional union, and for encouraging that *esprit du corps* among our brethren, which is so essential to their well being. We will labor in the advancement of medical science and its literature in Virginia and the South generally; to aid in drawing into active usefulness the great fund of information and talent which is now dormant; to collect and diffuse all the facts which medical science is rapidly developing, both in our own country and abroad; to suppress empiricism and charlatanry, both legitimate and illegitimate; and to favor the protection and fostering of the science of medicine, by sound and effectual enactments of legislature, and to lend our mite in the "elevation of the science from the position of a trade to that of a noble profession."

Much is to be done for the interests of medical men, now not only neglected entirely by law, but most shamefully oppressed. In the reform and the movement in favor of medicine, which it is hoped will soon be effected, we wish "to let the professional voice be heard on professional questions," and through an organ which will afford every facility for that interchange of investigation, experience and opinion among those engaged in active practice, which is so valuable in a progressive science—and which is as abundant and valuable in our own as in any other country. All agree that it is high time for the South to be building up itself and advancing its own institutions—its own medical schools and literature. To these ends will our energies be directed. We will be governed by those rules and principles laid down by the "American Medical Association," and oppose every innovation upon them. Having no party to favor—no sinister purposes to advance, we will pursue steadily the course here laid down; and though it may occasionally be our duty to take positions, and strive to establish them, in opposition to some of our brethren, we will ever be actuated by high and pure motives—will act promptly and decisively, according to the best lights before us—and in the discharge of the delicate duties incident to the editorial chair, to the best of our feeble ability, we hope to retain the friendship of all, and merit the enmity of none.

Being desirous of making our work interesting in all the branches, we invite practical communications upon the subjects of chemistry, pharmacy, botany, and every subject of medical interest, as well as of medicine and surgery. And, finally, as the work must surely die without support, we solicit the patronage of the profession by their liberal subscription.

A few Remarks on the subject of Uterine Hæmorrhage, limited to cases of Placenta Prævia and those which occur subsequent to the completion of Labor.

BY ROBT. W. HAXALL, M. D.

Not intending to enter into an examination of the several modes by which it was attempted to explain the occurrence of flooding at the time of labor, I will merely remark, that it was clearly understood at an early period that the placenta might in some way or other become attached near to, or over the mouth of, the womb in such manner as to give rise to hæmorrhage during its dilatation. Suffice it to say, that the first complete description of this kind of hæmorrhage was furnished by Ræderer in his *Elementa artis Obstetriciæ*, published about eighty years ago.

Hæmorrhage occurring in a case of placenta prævia, has been very properly denominated *unavoidable*; and it is so, because, to use the words of Prof. Naegelé, “the very action which nature uses to bring the child into the world, is that by which she oftentimes destroys both it and its mother.” In this sense it is clearly distinguishable from accidental hæmorrhage, which may happen at any period of gestation, and against which we have to contend in the common and ordinary forms of abortion.

The causes of placenta prævia are not, it must be admitted, fully understood. The most generally received opinion, I believe, is, that the semi-fluid condition of the decidua at this very early period of pregnancy, does not always present a force sufficient to retain the ovum in the superior portion of the uterus. Hence it is that it has been supposed to glide down between the deciduous membrane and the uterine parietes, until finally arrested at the os internum. The manner of its arrestation is seen to be different in different cases; and we may say, that in proportion to its direct implantation over the os internum, is the danger to be estimated by which both mother and child are threatened.

As just intimated, this central implantation may exist; at other times a portion only of placenta is observed to overhang the dilating os tincæ; and fortunate for the patient is it, when this complication exists in no greater degree.

The eruption of hæmorrhage, in cases of placenta prævia, is confined to the latter months of gestation; it is never perhaps noticed earlier than the sixth month; much more frequently is it entirely unobserved until a month or six weeks before the period of accouchement, and this is the case, for reasons which must suggest themselves to the minds of all.

The appearance of hæmorrhage is sudden and unexpected—unexpected because the woman cannot recal to mind any act of imprudence by which it might have been induced. It is more abundant than accidental hæmorrhage; and particularly is it so, the nearer the patient has approached the period of parturition. Should she have two or three months yet to go before reaching this term, the flooding will not be so profuse; but the probability is that a return of it will be

experienced every twelve or fifteen days. There is also a very considerable difference in one respect, between accidental and unavoidable hæmorrhage; in the latter, the eruption of blood shews itself during the *presence* of pain, for very obvious reasons, and diminishes when this subsides; while in the former the reverse of this is found to be the case.

When the symptoms which I have here detailed exist, there is much reason to dread the existence of placenta prævia. A resort to the *touch* however will very frequently impart sufficient information to dispel our doubts; not always however with entire accuracy, because the os tinæ is at this stage of gestation so high up in the hollow of the sacrum as to render the touch somewhat obscure. It may, to be sure, be reached if the whole hand is introduced, and I would not hesitate thus to act, if I could not otherwise gain the desired information. By whatever method we may reach the os uteri, it will be found to be more bulky and much softer than in ordinary gestation, for the reason that its vessels are enlarged and distended, as are those of any other portion of the organ where the placenta may happen to be attached. When the finger penetrates the cervix, if there be a partial implantation of the placenta, it will be felt overlapping one side, while upon the other we may recognize the distended membranes, and in all probability be enabled to distinguish the presenting portion of the foetus. If the implantation be central, the finger comes in contact with a soft, spongy body, which is found to be attached throughout the whole circumference of the os internum.

This diversity in the mode of the placental implantation will clearly explain to us the characters which belong to hæmorrhage connected with this complication. It is unquestionably true that the most alarming and profuse gushings of blood take place when the after-birth is centrally attached; for every pain but serves to separate more and more the connection which exists between it and the womb. Under these circumstances, awful and appalling in the extreme, are we sometimes called upon to act; and our action can admit of no delay; for if the case be left to nature, the unhappy patient is sure to find a bloody grave;—and how are we to act? The ingenuity of the profession has devised several means, to which the intelligent accoucheur will immediately resort, according to the varying circumstances of the case—means which sometimes succeed, but which, it must be confessed, are too often inadequate to the end.

Where the placenta is but partially attached, the hæmorrhage will not be so profuse, and the danger is consequently less. Should the uterine pains be sufficiently active, and the placenta overlap a small portion only of the os uteri, the case may demand but little interference; for the bag of waters will more or less protrude through the gradually dilating os, and thus serve as a compress by which the flooding will be measurably commanded. If the presenting placenta cover a large portion of the os tinæ, the tampon may in such a case be used with advantage, in order to afford time for its dilatation. Should the flooding however prostrate too much the powers of the patient, the finger may be passed through the unobstructed portion of the os tinæ

and the membranes ruptured. By this process we gain the advantage of causing the uterus to contract with more energy, and perhaps the greater one of bringing down the head immediately upon the mouth of the womb; by which manœuvre it is made to act the part of a compress, and thus becomes instrumental in arresting the further flow of blood. As the pains cause the head to advance, the less becomes the danger; and so soon as the delivery of the foetus takes place, in the generality of instances the placenta follows without delay. It is scarcely necessary to add, that the patient *may* require pretty active stimulation should the loss of blood have been considerable, as well as the use of ergot, should the pains not be sufficiently energetic.

Should hæmorrhage supervene at any early period, whether the placenta be partially or centrally implanted, we ought to make no *forcible* effort to enter the os tinæ. All our endeavors should tend to moderate the flooding, and conduct the patient to the latest period of gestation. A contrary course would ensure the death of the child in all human probability; nor would it redound to the well-being of the woman.

The remedy adapted to this condition of things, in the first place, is bleeding if the patient is feverish, with a quick and active pulse, as frequently happens; the bowels should be emptied by an enema or laxative, and cold applications assiduously applied; and should the uterine pains become at all expulsive or harrassing, they may be calmed by opiates and anodyne injections. The administration of lead and opium will also prove beneficial. At this period of gestation these measures will often be effectual without the aid of the tampon; indeed the tampon is objectionable at this stage, because its presence might become a source of irritation to the uterus, and thereby increase the activity of the expulsive efforts.

Let us now proceed to consider the case in which the placenta is centrally attached; and I need not remark, that here the most alarming difficulties are presented. At every recurrence of pain the hæmorrhage is increased necessarily, and without the most prompt and well-directed action the patient inevitably succumbs.

The main object to be attained is to rid the womb of its contents with as much despatch as may be consistent with the safety of the woman; and how shall this be done? The method uniformly adopted heretofore, was to turn the child and deliver by the feet. But another measure has been recently practised, to which I shall frequently call the attention of the reader.

The os tinæ however may not be sufficiently dilated to admit of the introduction of the hand, and all are agreed that no forcible entry should be attempted. To introduce the hand it must either be dilated or dilatable; in which latter case a very moderate effort will be sufficient to accomplish our purpose. But suppose that neither condition exists; every returning pain increases the hæmorrhage, and if it be not checked the most disastrous results are to be feared. Under these circumstances it is that the tampon is capable of exercising the most beneficial and saving influence; until the os tinæ is sufficiently dilated to admit the hand, we must plug the vagina as speedily as possible. By this method the flooding is greatly checked, if not entire-

ly arrested; and during the subsequent dilatation of the os tinæ, which is not at all impeded by the presence of the plug, the hæmorrhage is held in check. And here permit me to say a word or two as to the manner in which the vagina should be plugged. One or even two large sponges will not be sufficient for the purpose; the vagina should be completely filled and distended; and to accomplish this in the most effectual manner, several small pieces of sponge not larger than half the fist should be successively introduced. After accomplishing this, a bandage moderately tight should encircle the body, and the T bandage finally applied. I have had the fullest evidence of the utility of such a plan. Under its action the os tinæ will continue to dilate or become dilatable; and when this desirable end is attained, we shall have obtained the only practicable condition in which turning can be readily accomplished.

How is this to be effected? Are we forcibly to thrust the hand through the centre of the placental mass, search for the feet, and then proceed to deliver? By no means; and without reciting the various arguments against such a procedure, allow me to dismiss this part of the subject by quoting the language of the late Dr. Dewees: "This," he says, "should never be done; especially as it is impossible to assign one single good reason for the practice, and there are several very strong ones against it."

But how are we to proceed? So soon as the hand can be introduced, it should be passed between the os tinæ and the placenta, by insinuating the fingers carefully, one after the other, if no portion of it be detached; if any part of its circumference, however, shall have been separated, it is at that point through which the hand will be more easily made to penetrate. When it shall have gained admission, the hæmorrhage will at once materially diminish, if it be not entirely subdued, just because the arm will most effectually perform the office of a well-adjusted plug. We should now proceed in our search for the feet, endeavoring to retain the membranes entire until this part of the process shall have been accomplished. When we have succeeded in grasping one or both, they are gently to be brought down; and if the patient be not in the extreme of prostration, we may begin to congratulate ourselves upon the favorable termination of the case. Like the arm, when introduced, so does the body of the child, as it advances, play the part of a most effectual plug. So soon as the child is delivered, the tonic contraction of the womb succeeds as in ordinary cases, and the placenta, the great cause of all the mischief, is speedily thrown into the vagina.

In looking over the history of obstetrical medicine, we shall find many cases recorded where the delivery of the placenta preceded the birth of the child; these were necessarily cases of placenta prævia. In many of these both mother and child have fallen victims; the child, I may remark, invariably did—but in some few, the life of the parent was preserved. These facts have been known to the profession for years, but it is only within a comparatively recent period that they have been scrutinized with a scientific eye, and made available in a practical point of view.

In those cases in which the life of the mother has been preserved, the somewhat astonishing fact was observed that the hæmorrhage had very much diminished, and in some instances entirely ceased, so soon as the placenta was expelled. Dr. Collins relates a case in which the placenta had been delivered eighteen hours before the birth of the child, and the mother did well.

Reasoning upon these ascertained facts, the idea occurred to two eminent members of the profession, Dr. Simpson of Edinburgh and Dr. Radford of Manchester in England, (and who, by the by, disputed the point of priority,) that a separation and abduction of the placenta, in cases particularly where this was centrally attached, would be the speediest means of bringing about a cessation of the hæmorrhage. This plan has frequently been adopted of late years by both, and, they tell us, with a success which fully equals their expectations. Successful cases are also recorded by other practitioners who have adopted their views.

Are the arguments sufficiently strong in support of this plan of proceeding? This is a question which every man must decide for himself, upon a careful review of the whole ground; for it is certainly true that reasons may be adduced both for and against the validity of such a procedure. In Scotland and in England, where the gentlemen referred to severally reside, the profession appear to have taken sides, and many of the back numbers of the *Lancet* particularly, are crowded with communications on the subject. I shall not attempt to relate all that has been said on the one side and the other; the reference I have given as to the sources of information, will be sufficient for those who feel any curiosity about the matter—I shall merely revert to this plan of Drs. Simpson and Radford, as one of the modes now adopted in the treatment of placenta prævia.

The great object to be attained by the prior delivery of the placenta, is the arrestation of the hæmorrhage. To this conclusion no theoretical reasoning would perhaps have led us. The occurrence of the fact itself was absolutely necessary to induce a positive belief in its existence. We are told by many who have adopted the practice that it is true, and I for one am willing to trust their authority, having no personal experience in the matter. The fact being established, it is not perhaps very difficult to find a satisfactory explanation.

When a separation of the placenta takes place, the flooding must proceed from the large uterine vessels, the mouths of which are thus exposed; and as the womb cannot take on its tonic contraction so long as its contents are unexpelled, the hæmorrhage will necessarily continue. If, however, the membranes be ruptured and the waters evacuated, and in addition to this the placenta be extracted, uterine contraction will supervene to a degree sufficient to check materially, if not wholly to arrest the flow of blood. With this end accomplished, although the life of the child is almost inevitably sacrificed, turning need not be resorted to unless there may chance to be a faulty presentation of the foetus.

Such then is the plan of Drs. Simpson and Radford, which, although it destroys, as I have just observed, the life of the child in a very large

majority of instances, yet has the advantage of very frequently saving that of the mother. By a comparison of the two modes of practice, can we only arrive at positive conclusions with respect to the value of each. If we adopt the generally received plan of proceeding, the life of the infant is sometimes, though not very often, saved, while that of the mother is too frequently sacrificed. By the method newly recommended, and which I have here endeavored to detail, a large per centage in the saving of maternal life is found to result; and if the rule, universally I believe adopted by the profession, that the life of the mother is of more value than that of the child, is still to hold good, the weight of argument would seem to incline to the practice of the prior removal of the placenta.

The manner of effecting this, we are told, is simple enough. When the os uteri is sufficiently dilated, the finger is to be passed between the uterine walls and the adherent placenta, and by gliding it around its whole circumference, the connection is thus severed. When this part of the process is finished, with the hand above the placenta, it is gently pushed down into the vagina, from whence it may easily be removed.

I shall now say a few words in relation to those cases of hæmorrhage which supervene subsequent to parturition. This is a condition also of very great danger to the woman, and it has fallen to my lot to witness several severe cases of this variety of hæmorrhage. I have seen the patient delivered without one disagreeable symptom manifesting itself, and when all bid fair speedily and safely to terminate. Soon, I have seen her complain of a sensation of sinking or faintness; her lips become blanched, her ears ringing with disagreeable sounds, and her vision darkened and obscured. Her pulse hurries on with a fearful rapidity and with diminished force, until by and by it is no longer to be felt; a clammy moisture bedews the surface; the respiration is deep, prolonged or gasping; vomiting frequently ensues—and muttering delirium, with wild and senseless tossing of the arms, but add still gloomier features to the horrors of the scene. When we turn our attention to the condition of the uterus, we shall find that it has failed to return to that state of tonic contraction which it ought to have assumed, and that hæmorrhage to a greater or less amount, has been the result.

Inertia of the womb, if the placenta shall not have been detached in whole or in part, will not be productive of hæmorrhage, because the large uterine and placental vessels still remain unexposed; and I have seen this condition of things continue for hours. When, however, the placenta shall be wholly or partially separated, the interposition of art cannot be long delayed; every effort must at once be put into requisition for the purpose of producing contraction of the womb; for until this shall have been attained, it is idle to expect a cessation of the hæmorrhage; it is the only condition upon which we can rest the security of the patient; and fortunately for her, several available means are at the command of the accoucheur. Active friction should without delay be made over the region of the uterus, and ergot promptly and largely administered. Cold applications may also be resorted to; and if these remedies fail to produce contraction of the womb, and consequent ex-

pulsion of the secundines, the hand should without hesitation be introduced, and the placenta removed. When this end is accomplished, the uterus almost always returns to its state of contraction.

But there is another and more serious complication than the one to which reference has just been given; it is, the continuation of hæmorrhage after the extraction of the placenta. In this case the flooding may exist under two very different circumstances; it is either apparent, deluging the patient's bed with blood, or it may be concealed; in which latter event it is retained within the womb.

In the case where the blood is retained, all the rational signs of hæmorrhage, if I may so speak, and which have been named above, may take place; and when we come to examine the condition of the womb we shall find it largely distended, reaching in some cases even above the umbilicus. The obstruction to the exit of blood is produced either by a contraction of the os tincæ or by the presence of a pretty firm clot. So soon as this is removed, or the contraction of the os overcome, the blood pours out with a fearful rush. Contraction of the uterus very generally succeeds to this; and while perhaps we may be congratulating ourselves with the hope that it will remain permanent, the lapse of a few moments will convince us that we have again to contend with the same disagreeable symptoms. This alternate contraction and dilatation of the uterus, I have witnessed in one case as many as three times; and it is not difficult to believe that under such circumstances the patient is often brought to the brink of the grave.

The first thing to be done, when hæmorrhage supervenes, whether apparent or concealed, is to proceed diligently with frictions over the region of the womb. If this should not cause it to contract, the application of cold may be resorted to, and the plan recommended by Dr. Gooch will often be found very available. Cold water should be poured from a pitcher or teapot elevated some foot or more above the body of the patient. Injections of cold water into the womb have also been advised, but having succeeded by other means, I have never employed them. Velpeau's plan of placing a mustard plaster between the scapulæ, the action of which he candidly confesses he does not understand, but as to the efficacy of which he speaks with much certainty, may also be tried; nor should the administration of ergot be omitted. The application of the child to the breast should not be disregarded, for the sympathy existing between the mammæ and the uterus will not unfrequently ensure its contraction. Failing in all these measures, the practitioner should boldly but cautiously pass his hand within the uterus, and having turned out all the clots, with the other hand placed upon the abdomen, and thus embracing as it were this organ between the two, he should institute such an amount of irritation as to produce its contraction. While this is taking place he will find his hand gradually pushed from its position within the womb, until it finally reaches the vagina. A bandage reaching from pubes to sternum should be applied, taking care to place a thick and firm compress immediately over the womb.

In the case now under consideration, the tampon is not only useless but even objectionable; for it would be the means of converting an

open into a concealed hæmorrhage. In conclusion, I will merely remark, that active stimulants are frequently demanded during the progress of the treatment; and when the hæmorrhage has ceased and the system re-acted, a bland and nutritious diet will become necessary.

On the use of the Nitrate of Silver in certain forms of Dysentery in Adults and Diarrhœa in Children, with cases and remarks.

BY J. J. THWEATT, M. D., PETERSBURG, VA.

My object in this paper is to call the especial attention of the profession to the therapeutic action of the nitrate of silver in certain pathological conditions of the intestinal mucous membrane. The experiments that have been made with this medicine on the continent of Europe, conclusively shew that its action on the mucous membranes generally is of a particular or specific character. The attention of many able pathologists has been directed to the object of ascertaining the precise morbid states, to the removal of which it should be administered. Upon this point, there is much diversity of opinion; with some, the existence of the inflammatory element is no contra-indication to its use; while others maintain, that, when inflammation is present, it should be withheld or used with extreme caution. My experience with this agent, which has been pretty extensive, convinces me, that in diseases of the mucous membranes, where the inflammatory action seems high, the employment of the nitrate of silver is attended with prejudicial effects; and I am moreover convinced, after an attentive perusal of the authors who have written upon the subject, that much of this contrariety of sentiment is to be attributed to the confounding of the terms of irritation and inflammation. In my opinion there is a marked distinction between the two pathological conditions, and that this distinction should be kept prominently in view by the practitioner who contemplates employing the nitrate of silver. In the one state he will find its action eminently curative, in the other highly injurious. In the one state the nitrate of silver acts like a charm, removing every symptom—in the other, it acts like a poison, aggravating all of the symptoms; in the one it is a placebo—in the other it is an active irritant.

With these general remarks upon the pathological action of the nitrate of silver, we will proceed to its application in dysentery and diarrhœa of marked forms.

During the summer months, and particularly after heavy rains, dysentery in some form prevails to considerable extent in the suburbs of our towns and the surrounding counties. In the years 1846–7–9, I was called to attend many cases of this disease; one form, from its frequency and obstinacy, attracted particularly my attention. The following phenomena characterized it: The person would be seized, after an exposure to the heat of the sun, with an intense desire to have an evacuation, accompanied with a disagreeable itching about the anal region; on going to stool and passing a small quantity of mucus, he would experience relief; this however was but momentary, for in about half an

hour, he would be again seized with the same symptoms. The constitution at first is but slightly affected. There is no fever—pulse calm—skin in a perspirable condition—no thirst—no headache—the upper portion of the digestive organs remaining in their normal condition—no anorexia—no nausea—no enlargement of liver or spleen—no tenderness on pressure; the patients complaining of nothing but great tenesmus, itching and soreness around the anus. The quantity of the discharge rarely exceeded half an ounce—often no more than a drachm was evacuated at a time. The discharge consisted entirely of mucous, tinged more or less with blood. The above symptoms would continue, with very little diminution or aggravation, for some four or five days, when a new train of phenomena would make its appearance. The patient complained of great debility, want of sleep and appetite—the mind became irritable and fretful, pulse more excitable, especially as night approached; in some cases anemia came on—still there was no *pain* in the bowels except in the lower portion of the rectum, about an inch or two inches from the anus. The pain in this part was in some cases excruciating, particularly on examination with the fingers: the soreness around the anus was a great annoyance—the evacuations would remain the same, only increased in frequency. I have seen the patient go to stool twenty to thirty times during a day, and the discharges all put together would not amount to *four ounces*. When first called to treat this affection, I employed the usual remedies, calomel and opium, gentle laxatives, anodyne injections and fomentations, leeches to the perineum—in some cases mercury was carried as far as ptyalism, in conjunction with flying blisters over the abdomen. The result of this treatment was unsatisfactory; a mitigation of the symptoms would follow, and sometimes the disease appeared entirely subdued, but in a short time all the symptoms would return; for instance, the calomel would frequently bring copious bilious passages, and after the lapse of five or six hours, the same inclination to go to stool, followed by the same discharge, would ensue. The anodyne injections and fomentations would produce their grateful and soothing effects, but in a few hours their pleasing results would disappear; no benefit was derived in any case from the application of leeches.

The treatment proving so unsatisfactory, and the seat of *the* disease being evidently limited to the lower portion of the rectum, I came to the conclusion to direct my treatment to that point, and abandon all internal remedies except the mildest laxatives. The high encomiums which had been bestowed upon the nitrate of silver by continental writers, induced me to try its effects in this disease. I commenced by throwing up the rectum every three or four hours, two ounces of a solution containing five grains of the nitrate of silver to an ounce of distilled water, adding a few drops of the tincture of opium. The first case in which I employed this treatment yielded in a few days. The treatment was fully carried out in all of the subsequent cases, and with the most beneficial results; in a few cases the dose was increased to ten grains, but generally five grains to the ounce was of sufficient strength. I have selected the following case to illustrate the treatment:

August, 1848, Mr. C., aged 25, of a strong constitution, general

health good, after exposure to the heat of the sun, was seized about six o'clock in the afternoon with a great inclination to go to stool, accompanied with itching about the anus—on going to stool, he would evacuate a small quantity of mucus mixed with blood, which afforded relief; the inclination gradually increased, so that from six o'clock in the afternoon to nine in the morning he had been to stool twenty or thirty times. At nine o'clock I found him in the following condition: complaining of no pain, none was felt on pressure, skin moist, pulse slow and moderately full, tongue broad, moist, with a whitish coating, no derangement of the cerebral or digestive organs. On examination of the rectum by the introduction of the finger, he complained of pain, extending about two inches up the intestine; the parts around the anus were swollen and acutely sensible to the touch. On inspection of the evacuations passed during the night, they were found to consist of mucous, slightly tinged with blood. Had two discharges while present, of the same kind, about a drachm at each evacuation, complains of itching around the anus—says the desire to have an evacuation returns every fifteen minutes; prescribed the following enema:

℞

Argenti. Nitrat.	gr xxx
Pul. Gum Arab.	℥ j
Tinct. Opii.	gtts xij
Aq. Distill.	℥ vj

M

Fiat enema.

Two ounces to be thrown up the rectum every three hours—barley water for diet and drink—cold applications to the anus. Saw him again in six hours—had only three discharges—taken two injections; says he feels much better—the inclination to go to stool diminished—ordered him a dose of oil with ten drops of the tinct. of opium. After the operation of the castor oil, to give an enema, and repeat it every three hours if necessary; continue the cold applications; same diet. Saw him again at 9 o'clock in the morning. Had slept well; the oil had operated twice, bringing faecal discharges; used one injection; had only one mucous and bloody passage. The tenesmus had almost disappeared. Says he feels entirely relieved. Ordered an enema; chicken water. Saw him in the afternoon. Had no evacuations—doing well in every particular. Left directions to use an enema, if the disease should return. Saw him again on the third day of his attack; found him entirely relieved of every symptom of the disease, except soreness around the anus; directed cold applications to be continued, and ceased my attendance, the cure being perfect.

REMARKS.—We could cite many similar cases, but this one is sufficient to shew the nature of the disease, and its proper treatment. The question now occurs, What is the pathology of this affection? Is it an inflammation? We must reply in the negative. There was no symptoms which usually attend the inflammatory action; and the treatment, which generally subdues inflammation, was nugatory and sometimes aggravated the symptoms. The disease appeared to consist in

an irritation of the follicles of the mucous membrane of the rectum, attended with an undue secretory action. The action of the nitrate of silver in the case cited was that of a sedative; it subdued the irritation, arrested the undue secretion, and restored the parts to their normal condition.

DIARRHŒA.—The nitrate of silver has been lauded by many eminent physicians as a remedy in this disease; but I think they have failed to point out clearly the cases in which it is most applicable. It is admitted, that diarrhœa is dependent on a variety of causes for its production—its anatomical lesions are various and diversified in their character; its therapeutics must consequently be of a diversified character. In our climate a peculiar form of this disease is to be met with during the summer months; it makes its appearance without premonition. The attention of parents or nurse is first excited by the frequent and sometimes copious evacuations—the physician is sent for—he finds no heat of skin, or head, or mouth, or abdomen; no sick stomach or vomiting—pulse calm and quiet—tongue clean and moist; the child is apparently in excellent health—its appetite is good—his sleep undisturbed, except by the passages. This state of things is however of short duration. The constitution becomes affected; the child gets weaker and weaker—loses flesh—instead of pursuing its usual gambols, is disposed to lie down—it becomes fretful—the external features undergo a marked change—the countenance is pale—skin corrugated and of low temperature—the pulse small and quick—tongue contracted, but still free from fur—appetite fails—the secretions from the bowels become more and more frequent, and if not soon arrested, death ensues. In the dissections which we have made of this form of diarrhœa, nothing was discovered but a slight congestion of the mucous membrane of the small intestines; no traces of inflammatory action were detected. The character of the evacuations is various, both with regard to quantity and quality; in some they are natural, only more abundant and frequent, and less consistent; in others they are small, mixed with mucous and of strong bilious appearance—in some green, in others dark or whitish. We have found no remedy so beneficial in this form of the disease as the nitrate of silver, as the following cases will shew:

June 8th, 1848. W., æt. 19 months, has been subject to the bowel complaint for two weeks—much debilitated from the disease—countenance pale—skin cool—tongue natural—pulse slightly irritable—appetite bad—no pain on pressure—no cerebral derangement, but is very restless and peevish. The discharges from the bowels were of a deep yellow color—no mucous or blood could be discovered. Prescribed a warm bath and a teaspoonful of the following mixture every four hours:

R

Argent. Nitrat. gr ij
Aq. Gummi. ʒ ij
Tinct. Opii. gtts xij

M

Fiat mist.

June 7. Has had three operations from the bowels of more consistency, color more natural—appetite improved—had rested well—continued the mixture.

June 8. Had only one evacuation in twelve hours—that one of a healthy appearance. Looks better, had taken heartily of nourishment : suspended the mixture.

June 9. Had no return of the diarrhœa, condition improved in every respect. The child recovered without further medical aid.

June 18. Edward, infant, æt. 9 months, had diarrhœa for four or five days. Had taken calomel, Dover's powders, oil and chalk mixture. The effects of these medicines had been only temporary. The discharges would cease for a day and then return. When I saw the child it was free from fever, lively and playful, gums not swollen, having five or six passages during the day. They were green and slightly mixed with mucous. The abdominal perietes soft and flexible. No pain or sensibility on pressure. Tongue natural—no vomiting; ordered the following mixture :

R

Argenti. Niträt.	gr j	
Pulv. Gum. Arab.	$\frac{3}{4}$ j	
Tinct. Opii.	gtts vj	
Aq. Distill.	$\frac{3}{4}$ iij	
Fiat mist.	Teaspoonful every three hours.	

Saw the child in the afternoon. Had taken three teaspoonsful of the mixture. No passage after the first dose of the mixture. No fever; had been sleeping. Ordered a tepid bath at bed time and a teaspoonful of the mixture and one early in the morning.

June 19. No passage through the night—had slept well—was playful and entirely free from fever. Ordered a dose of oil and a teaspoonful of the mixture after the operation of the oil, to be repeated every four hours if necessary.

June 20. Had rested well during the night. No fever. One healthy operation from the oil. Suspended the medicine, with directions to resume it if the disease returned. Saw the child on the 23rd. Had taken only one teaspoonful of the mixture. The passages were healthy. Stopped all medicine. The child enjoyed excellent health.

REMARKS.—The action of the nitrate in these cases was prompt and efficient. It soothed the irritation of the mucous membrane; gave tone to the general system—and acted as a sedative and tonic astringent. The doses were small, from $\frac{1}{12}$ to $\frac{1}{24}$ of a grain. It has been recommended in larger doses. I will add that no doubt larger doses would be borne with safety.

Two Cases of Mumps, with Metastasis to the Brain, both terminating fatally.

—BY HARVEY LINDSLY, M. D., *late Professor of Pathology and Practice of Medicine in the Columbian College, honorary member of the Rhode Island Medical Society, the New Jersey Historical Society, &c.*

Cases of mumps with determination to the brain are so exceedingly rare that I do not recollect to have seen or read of more than three besides those referred to at the head of this article. Most of our popular writers on the practice of medicine, though men of extensive experience, have evidently never seen a case, while they still speak of it as of occasional occurrence. This is the fact with Good, Eberle, Wood, Dewees, McIntosh, Watson, Tweedie, &c.; and indeed the only author that now occurs to me, who speaks of this complication as having come under *his own* observation, is Dr. Dickson of Charleston, in his able and interesting work published a few years since.

In January 1849, a son of Gen. W., who at the time was a student of medicine and attending the lectures of the medical school in this city, was attacked with the mumps, and after a few days' illness died, as I was informed, from metastasis of the disease to the brain. I cannot give the particulars of this case, as the patient was not under my professional care. On the 1st day of February following, about a week after the death of this young man, I was requested to see his brother, (ætat. 20,) a student of Princeton college, who was at home on a short visit to his friends. I found him laboring under a well developed attack of mumps of the left side, the gland considerably swollen and with some fever, though on the whole suffering but slightly, and feeling, as he remarked, very comfortable. The disease seemed to be taking its usual course, and if it had not been for the recent death in the family, would have excited little interest or observation. As it was, however, his friends felt some anxiety, and I was induced to attend the case more carefully than I should have thought necessary under ordinary circumstances. As precautionary measures, I directed pretty active purgatives, followed by diaphoretics, hot pediluvia, warm flannel to the swollen gland, &c., and watched very closely for any indications of disease of the brain. I could detect nothing of the sort however, and until the fifth day everything seemed to promise a favorable termination. I examined my patient carefully twice a day, with reference to the condition of the testicles as well as the brain—but there was no apparent disturbance of the functions of the one, and no enlargement of the other. He was cheerful, slept naturally, and felt confident of a speedy recovery. Upon examining him, however, on the morning of the fifth day, my apprehensions were excited by finding that he was laboring under *priapism*. I dreaded this symptom the more, as the disease seemed now to be taking the same turn that proved fatal in his brother's case. He was immediately ordered to be leeched freely at the base of the brain—a blister was applied to the nape of the neck, purgatives given and an active general antiphlogistic treatment adopted. At the same time additional professional advice was obtained. During the whole of this day, however, the priapism was the only indication we could detect of diseased brain.

On the next morning we were informed that he had been laboring under delirium the greater part of the night—had been restless and suffered much. These symptoms continued to increase in violence, convulsions came on, and in a few hours death closed the scene on the sixth day of the disease and the second after the appearance of the priapism.

A careful examination of the brain was made thirty hours after death, when decided marks of inflammation and congestion were found in the cerebellum, but none in the cerebrum.

Washington, Nov. 29th, 1850.

The Rise and Progress of Thompsonianism.

BY J. F. PEEBLES, M. D.

This is an indigenous production. Perhaps, on that account, we ought to approach it in a friendly spirit. Ours has been said to be "the greatest people in creation." The writer is the last person in the world to underrate the national supremacy: but candor is an indispensable attribute of the historian. This compels us, in the very outset, to declare that this, which is the most prominent specimen of our native medical delusions, proves that the attempts of our people in that line have, as yet, been awkward, bungling and extremely unrefined. The right materials seem not to exist with us yet for excellence in these matters. How coarse and crude appears this torturing practice of medicine, when compared with the refined idealisms of homeopathy and mesmerism; even before the less elegant system of hydrotherapy, it sinks into insignificance—it has no prototype in the old world. It embodies a spirit which has no existence there, that of our restless, dauntless, active, western backwoodsmen, who even judge of their "physic" by the amount of labor it is capable of performing. It sprang from the necessities of this part of our population, and it embodies that which comports with the characteristics of their minds.—The man who is ripe for a belief in Thompsonianism would turn up his nose at homeopathy. The true nationality of its production is elucidated by its course; it tends westward with the pioneers, leaving the east, where men, living upon their wealth and retired from business, have the time to be invalids, for the prevalence of the more luxurious and aristocratic systems of homeopathy and its kindred spirits.

Samuel Thompson, its founder, was born in the year 1769, in the town of Alstead, New Hampshire. His parents were among the first who settled in that region, then a wilderness; they were poor, and supported themselves by the labor of their hands. The young Samuel, therefore, became early acquainted with manual labor; and he tells us himself, in more than one place, that he had no fondness for it. Whatever genius he might have possessed, was certainly not soon discovered by his hard-working father, who, despite his aversion to it, and a lameness which much incapacitated him, kept his son steadily employed on the farm. This parental sternness, as has been often the case, was the making of the boy. It fixed his aversion to labor so in-

delibly, that he early began to turn about that he might devise some means of living without it. An opportunity was not long in presenting itself. Being totally unprovided with physicians, the necessities of the rude settlers, scattered through that wild country, often led them to seek medical aid from any source it was proffered. In this way a sort of rude practice sprung up in the hands of old women and others, whose medicaments were gathered from the fields. Young Thompson was not slow to discover the necessities of the community, and with an eye always toward an escape from the drudgery of labor, he early joined these drug-gathering parties, and eagerly turned his attention to the simple practice of the neighborhood. The expedient was a successful one; his knowledge of the rude medicaments in common use became so perfect, that when only 8 years old he was dubbed "Doctor" by his neighbors, and was often called on to decide upon the properties of medicinal plants.

His acquirements, and the general belief in his great medical promise, finally overcame the sternness of his father, and he tells us, that provided his services could have been spared from the farm, and had his education, which as yet consisted of only one month's schooling, been sufficient, he would, in his 16th year, have been sent to learn medicine under a certain root doctor of Westmoreland. This step, had it been carried out, might have been unfortunate for his subsequent celebrity as a doctor; and if so, it would certainly have been fortunate for many a poor victim to his crude and remorseless system of practice. We have no idea of the medical knowledge of the root doctor in question, but we hold that, were he possessed of any experience in disease, or any information about remedies, it would have been sufficient to have enabled him speedily to instil that in his pupil's mind, which would have thoroughly disgusted him with the career he was about entering upon. Our meaning can best be illustrated by a veritable incident. We once heard of a groom, who fancied he had a natural turn for surgery. After performing with the rudest implements, many minor operations, a woman was finally brought him with a cancerous breast, which the most distinguished surgeons had declined amputating, because the disease had extended itself to the glands of the axilla in such a manner, as to render the operation, not only useless, but immediately dangerous. It was a mere trifle to our groom. He removed it in a jiffy. It is true, the axillary artery was wounded and the hæmorrhage was terrific; yet, nothing daunted, he coolly seized the wounded vessels with a pair of ordinary pinchers well heated, and miraculously stopped the bleeding. The wound healed kindly, and the woman was soon sent home as well.

The result of this feat was the formation of a purse, by some benevolent persons, who, determining that such natural abilities should not be lost to the world, had resolved to afford the operator a regular medical education. Before his term was half out at the university, however, he returned home and quietly resumed his stable duties.—When asked for an explanation of this conduct, his reply was, that he had become so shocked at his former foolhardiness, by what he had learned of medicine, that he was deterred from its further prosecution.

That he then knew the danger of the knife, and henceforward, those who chose it might become surgeons; but as for himself, he never meant again to remove even a wart from the human body. Denied even the small chance of having the conceit taken out of him, which the root doctor might have afforded, our hero, we find, was left to pursue his labors on the farm and his medical studies at the same time. Without learning, without books, without a guide or example, it appears, of any kind, this rude child of genius boldly knocked at the door of nature's great storehouse of knowledge, and he fancied that it was opened unto him. His history is a curious and not uninteresting example of the study of medicine *de novo*, without reference to what was hitherto known respecting it, occurring in our own times.

A contrast of his method with that of the most primitive medical enquirers of which we have any account, certainly proves an advance in the human mind, which is exceedingly interesting. Instead of appealing to the gods or to the heavenly bodies; instead of selecting remedies as was done by the earliest medical enquirers, according to a fancy, dictated by the shape, color, brilliancy of substances, Thompson very philosophically, certainly, appealed directly to nature. He tasted and tried for himself; he experimented on his playmates and fellow-laborers with any thing that came in his way. We approve of this method of enquiry, and when we have said that, we have said all we can say in the praise of our hero.

The great storehouse of nature had been too sedulously and thoroughly examined by men qualified for the work by the learning of ages, to leave any thing to be culled by so crude and ignorant an observer as Thompson. Yet, for all this, we can sympathise with his belief in the originality of many of his discoveries. How was he, for instance, to know that the lobelia had been long known and used by physicians, when he was altogether unlettered had never seen a medical work, and had no acquaintance with any man having any pretensions to medical knowledge. The maintenance of this belief, when he was told better, is exactly what might have been expected of one so ignorant and uncultivated in every thing necessary to an enlightened and civil man. Though utterly useless to science, the labors of Thompson brought him rich results in the way of conceit and self-sufficiency.

He soon began to look upon himself as a favored emissary of Heaven, sent to snatch his fellow-creatures from the clutches of the murderous faculty. Taking his own statements as authority, the man seems to have had but slight grounds for such a belief. The views which he took of disease would disgrace an enlightened New Zealander. We marvel how even he could have held such doctrines. It appears to us that the very powers of thought required to frame a theory at all of disease, ought to have ensured him against such manifest absurdities. He looked upon the human body as a great pot, to be boiled or refrigerated at pleasure. Disease he held to be something, endowed with a sort of life, which could only be killed out of the body by his "courses." To destroy this mischievous stranger was the end of his medication. He puked, steamed and stimulated; that not answering, he puked, steamed and stimulated

again and again. His method of practice was exceedingly simple; it was as plain as the building up and the putting out of a fire. He made no allowances for the vital properties of the body, but acted on it as though it were but inorganic matter. Heat, every one knows, volatilizes water: taking the hint, Thompson cured dropsy through an evaporation of the effusion, by raising the internal and external heat of the body. Such crudities fail to excite even our derision, and we turn from the further consideration of his mere theories with feelings of pity, blended with amazement, that such notions could have ever found advocates among a civilized people. Having fixed upon his "courses," to be employed alike in the treatment of all diseases, he set out on his great mission. It is due to the man to state that he prosecuted his plans with admirable energy. Indeed it is difficult to recognize the possession of so much perseverance associated in the same individual with so little intelligence. One would have supposed, at least, that the latter would gradually have been supplied, to some extent, by the exercise of the former quality. Not so with Dr. Thompson—he was too wise to learn; and he gained nothing by the contact with the world. His ignorance and self-sufficiency encrusted him too securely to admit of the penetration of a single ray of knowledge. He rivalled Paracelsus in the importance in which he held himself: the professor of the much longed for philosopher's stone could not have been more arrogant. The brass of the man was inconceivable. Not content to preach his doctrines into the ears of the unenlightened in medicine, he bearded the lion in his very den. He tells us that he called to have a conversation on medicine with Dr. Rush, and speaks of an interview with the elegant and accomplished Prof. Barton of Philadelphia.

The smiles of physicians at his blunders he construed into envy of his success, and he seemed to be in perpetual trouble lest some one would seize and appropriate his discoveries. He carried the war into the enemy's country, and probably owed much of his popularity among the unenlightened to his attacks upon the faculty. It was he that originated the prejudice against mineral medicines, still deeply rooted among the ignorant, and set the popular current in favor of vegetable or botanic remedies. Such was the character of Dr. Thompson. We dismiss its consideration with the assertion, that so much ignorance, self-conceit and daring energy were probably never before associated together in the same individual.

After many years spent in journeying about from place to place, healing the sick, the results of his medical investigations and discoveries, Dr. Thompson, to protect himself, as he says in his narrative from being robbed of all merit and emolument, ultimately embodied in a book, which he sold under the protection of a patent. His first patent, it appears from his narrative, was obtained in 1813. The early introduction of the system was attended with many annoyances. Dr. Thompson fairly suffered martyrdom for his strong faith in his discoveries. We read in his book constantly of severe trials, arising chiefly from the ingratitude of his patients, the persecutions of the faculty, the faithlessness of his agents, and the general wickedness of mankind,

from the judges on the bench, who sat on his causes, down to the old women who had acted as nurses to his patients. His whole life, as he has most touchingly given it, is a satire on humanity; an instructive commentary on the injustice of the world; marked, however, by the pleasing contrast afforded by his own meek endurance of evil, and steady adherence to the interests of his fellow-men. The Doctor seems to have encountered a perfect shoal of swindlers; to have submitted his bantling to the world in most evil times; hence, he got but slight gains for all his troubles—received but little remuneration for his benefits to mankind.

His agents ran off, however, with immense sums obtained from the sale of rights, which, first to last, must have yielded a vast deal of money. The new doctrine gradually spread from New Hampshire into other states. Next to that giving it birth, Ohio, from the first, appears to have afforded it the warmest reception. It was disseminated with the greatest zeal. The manner of its circulation was like that of a patented machine. Agents, armed with set phrases against the use of mineral poisons, and in favor of vegetable remedies, peddled the books through the country, and sold the right to their use in practice at twenty dollars per right. It steadily spread on, until it pervaded the whole country, including the Canadas. Every neighborhood was invaded, and in every neighborhood one or more individuals were to be met with, possessed of the requisite turn of mind necessary to constitute a Thompsonian doctor. An observer might soon have learnt to point out the individual in any given place likely to adopt the new calling. The varieties of the species are great, yet admitting of classification. Your embryo Thompsonian doctor is considered in his neighborhood a smart man for his chance, although yet he has never been good for much. He is constantly astonishing his neighbors by his versatile mind. He is much wanting in veneration; hence, old and established usages of every sort are frowned at by him. There is nothing which he believes he cannot do; hence he is ever ready to attempt anything that comes to hand. He has no particular trade or business, yet he follows any that he fancies. Ten to one if he is not set up in some intricate trade, as watch-making, which he has never learnt. If not so, he aspires higher. He may deal a little in law—generally he is only a preacher—in every thing he is essentially by nature a quack and pretender.

These are the men who readily take up this practice of medicine, making their neighborhoods ring awhile with their exploits, causing the old women to gape and wonder at the canker ejected, by the emetic weed, from stomachs hitherto held innocent of such abominations.

These are the men who decry the faculty, who shudder at mineral remedies, and who see health alone in the vegetable kingdom. One such was asked in our presence of what was calomel made? Of copper and brass, was his confident reply, doubtlessly deriving the opinion from a fancied analogy between that “awful” poison and the venenous look of the rust of these metals.

It took time—but, as we have said, the new practice has pervaded the whole country. We suppose fifty years must have elapsed from

its first promulgation before it became so generally diffused. Not only in its results, but in the manner of its invasion, does its progress resemble that of the cholera. It comes, and after a time departs; its residence in all places is temporary, and its return only at long intervals. After sweeping through a neighborhood, it will depart; years after, when the memory of its freaks has become dimmed in the recollection of the survivors, it will suddenly re-appear and vehemently assert its claims to popular favor. Although partly, it is not altogether in this way that it has been kept alive. Samuel Thompson, it seems to us, was honest in his belief about this practice. This is demonstrated by the artless manner he unfolded his doctrines. It is evident he meant them to rest exclusively on their own merits. He believed them himself, and he expected them to carry conviction to others. This was a frail reliance; the creed had within itself the elements of its own speedy destruction. We affirm that, had its original spirit been maintained, had not its control passed in a measure out of his hands, the system would have died with its founder. Long before his death, Thompson complained bitterly of the innovations of his disciples. These, more artful and long-sighted than himself, watched the popular mind. Money-making was their object; hence, to keep the delusion triumphant, they steadily propped it wherever it appeared to be giving way.

In this way only has it been kept from sinking. In late years but few, if any, of the true breed are to be met with. Thompsonianism, as Samuel Thompson taught it, has long been dead; but out of its ashes there has arisen recently a more dangerous, because more imposing and disingenuous sect. We have now the Eclectics. These pretend to combine the excellencies, without the obnoxious parts of both systems of medicine, the "regular" and the Thompsonian. This has led to a new swarm of specious quacks, which overspread the land.

Cincinnati are their head-quarters; from thence they emerge like locusts, to desolate the country. In many places they are now in the full tide of their prosperity. But they cannot last long; this medical monsoon will soon vanish; then Thompsonianism will be forever dead. The system is completely worn out; there is not enough of it left to hitch on another saving appendage. One word about the practical operation of this system of medicine, and we are done with it. We have before alluded to the theories which guided Thompson in the application of his remedies. They are too absurd and ridiculous to be again referred to; yet we candidly state that there was more in his procedures than he had the mind to appreciate. We mean that he was unable to perceive wherein his remedies were in certain cases salutary; too ignorant to tell in what manner they might sometimes cut short an attack of disease. Need anything more be said to prove the utter recklessness and danger of this system of quackery? His remedies were powerful; they produced the most violent and perturbing effects. In this way, in cases suitable, but limited in their number, their revolutionary tendencies might induce, although in a bungling and exceedingly uncertain manner, salutary changes. Applied without discrimination, as it was in every disease, it could but lead constantly to the most criminal consequences. The people are slow to condemn

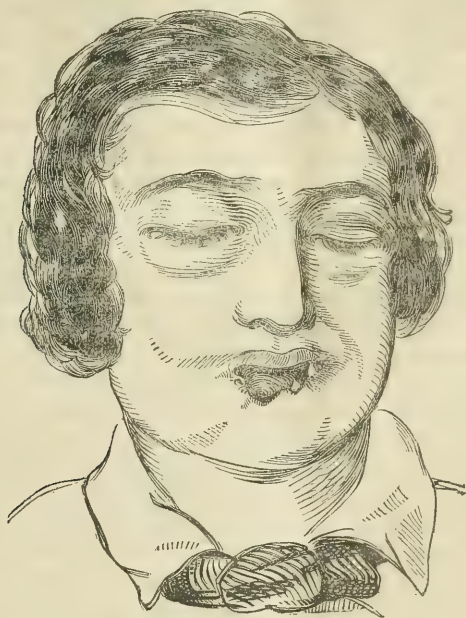
their petted systems; yet Samuel Thompson, for all that, was several times brought to the bar of justice to answer the charge of murder, too palpably committed to escape the observation of the bystanders. Unlike some other delusions, all his blunders and crude experiments upon his patients have added nothing to the stock of medical knowledge. He had but glimpses of very few and unimportant therapeutical truths, such as the influence of sweating as a curative means, which truths have been long unfolded in the most satisfactory manner, and are known to the merest tyro in medicine. He could do nothing, with all his bungling and torturing procedures, which medical men do not hourly do by safer, simpler and less disgusting means. He developed no principle in medical practice which had not been known for ages, whilst his therapeutical additions, which were new, were utterly valueless. The whole delusion was but an unmitigated evil. In addition to its direct evil tendencies, it has indirectly been the cause of much mischief. Its spirit, and the manner of its introduction, tended to make the people rebel against medical authority. It diffused a contempt of study and learning, and excited a prejudice in the popular mind against physicians as a privileged class, who held unjustly a monopoly, which they used to oppress the people. The vaunted success of its heroes favored the idea, that any one with twenty dollars in his pocket could be a better doctor than the most scientific and learned physician. It fostered and maintained all the existing popular errors about drugs, and even originated many that were new. We repeat, therefore, that the whole delusion, from the first to the last, has been an unmitigated evil, and one not at all likely to reflect credit upon the intelligence of our people.

Deformity of the Mouth, caused by the use of Mercury, with loss of the greater portion of the Under-Lip, relieved by a Surgical Operation.

BY WALTER F. JONES, M. D., OF PETERSBURG, VA.

During the year 1845, I was requested to examine the case of a little boy from the county of Gloucester, Va., aged 14 years, who, it seems, had contracted a bilious remittent fever some six or seven years previously, during the treatment of which, mercury had been employed by the attending physician, which resulted in the recovery of the patient, followed by severe ptyalism and sloughing away of the under-lip. The patient exhibited the following appearance: The youth's general health seemed pretty good, but the deformity above referred to consisted of the entire loss of the under-lip, save a very small teat-like remnant on the left side. The whole under surface, where the lip formerly adhered, from long-continued pressure, had become almost entirely cartilaginous, and was united firmly to the anterior portion of the inferior maxillary bone; the tongue, with the sub-lingual glands, was much diseased and enlarged; also the sub-maxillary on one side. The patient could not articulate without the aid of a bandage, which served to prevent the tongue's protruding and the copious discharge

of saliva. This bandage had been worn for several years, and from its continued pressure, served still more to paralyze the muscles upon which it acted. His voice was reduced to an indistinct guttural sound. Food could only be taken over the bandage, and had to be forced back by the finger to the posterior dorsum of the tongue, the latter having partially lost the power of aiding in the art of deglutition. All the teeth in the lower jaw had been destroyed as far back as the second molar. A drawing from a cast of the original is exhibited in the subjoined.



After the necessary preparatory treatment in the presence of Drs. Peebles and Spencer of our city, I commenced the following operation: It became necessary in the first place to remove the cartilaginous adhesion which had formed and which has been described above. An incision from left to right was made with the scalpel, including the remnant of the lip to the left down to the periosteum. The bone itself was found sound and healthy, judging from the condition of the latter membrane, although the alveolar processes had been absorbed. After removing that portion which seemed devoid of all vitality, the dissection was continued entirely around the chin and down to the periosteum, and the operation for hare-lip was performed, all the substance gained from under the chin being previously pushed up. In order to prevent adhesion from taking place to the gum, a small portion of zinc, of proper form, suggested by the shape of the decayed alveolæ, and to supply their deficiency, was applied and worn during the whole treatment. Of course there was little or no hæmorrhage, as only small branches of the facial artery were divided, which required only a small

twitch of the forceps to arrest the slight flow of blood. The bandage for fractured lower-jaw was then applied, which served to keep the substance under the chin in its desired position. After the operation the patient was comparatively comfortable, and only required an anodyne for the night, which was spent quietly. Nourishment was administered by means of a glass tube through an aperture afforded by the loss of an upper tooth. After the fourth day the bandage was removed, and the adhesion was already formed, needing only the application of a narrow strip of adhesive plaster between the sutures, and one below the second suture. The bandage was re-applied. It was necessary to remove it every third or fourth day and adjust the zinc plate, if necessary. Our little patient continued well until about the fourth week, previously to which the adhesion had entirely formed, to all appearances, and the needles had been removed. When about the commencement of the fifth week we observed a small dark spot which appeared immediately under the upper suture. In a few days a fever came on, and we began to fear sloughing; but with close watching, nutritious diet mild tonics, and perfect rest, with an occasional anodyne, we began to see our little patient improve; although the dark spot above alluded to continued to increase, leaving a narrow band between the upper extremities of the lip, and was not arrested until about the eighth week, notwithstanding the above general treatment and the occasional cautious application of lunar caustic. I may here add that the bandage was worn for several months, which afforded considerable comfort to the patient. Even at this stage he could speak quite distinctly, and eat with comparative ease. The enlarged glands were greatly improved, and the tongue itself could be protruded with little or no inconvenience. The patient was allowed fresh air and nutritious diet; and the opening on the lip was protected by a small portion of court plaster. After the expiration of six months from the first operation his health had been entirely restored, and about the eighth month the second operation for hare-lip, employing only one suture, was performed, which in less than ten days had healed completely. It became necessary to apply a few false teeth upon a well formed artificial plate, corresponding with the deficient alveolæ, which gave the lip its former natural appearance. In a few weeks he returned home entirely relieved from this distressing deformity. Drawing No. 2 will give a tolerably good idea of his appearance after the second operation.



[We regret to send out such a *caricature* of the face as the second cut gives, but the lateness of the receipt of the cuts rendered it impossible to have a new one made. We hope an *idea*, at least, of the cure of the deformity will be given by it and the description in the context. EDITOR.]

An Address delivered before the Medical Society of Fredericksburg.

BY WM. BROWNE, M. D., (PRESIDENT OF THE SOCIETY.)

I congratulate you, gentlemen, upon having at last completed the organization of the "Medical Society of Fredericksburg and the adjoining Counties." I hope in all our proceedings we shall be guided by a spirit of conciliation and forbearance, which alone can render our intercourse agreeable and our action beneficial to ourselves and useful to the profession. We shall be frequently called on to exercise this forbearance in our remarks and criticisms on the reports of cases and professional essays which may be read before the society. But the characters of our members, happily, are a satisfactory guaranty, that, in all our discussions, they will exercise a due regard for the feelings of each other, and render this caution superfluous.

On this occasion, it being our first meeting under our present organization, I think it proper to submit a few remarks on one only of the numerous errors which have, for many years, been gradually extending, and which, in this our day, prevail so generally. The error to

which I allude is, the strong propensity to catch at and adopt novelties, both in theory and in practice, without allowing sufficient time to test their claims to confidence, by reason and experience.

For the past half century, and especially during the last twenty years, revolution and progress have been stamped on every department and occupation of life. Even in the fixed sciences, the novel application of old and well-established principles has produced results truly marvellous and astounding. The general introduction of steam as a locomotive power has brought the inhabitants of our widely-extended country almost within the bounds of social intercourse, and by means of electricity we carry on friendly and business *conversations*, if such intercourse can properly be so called, with individuals thousands of miles from us. Schemes are also in progress, and will, in all likelihood, be ultimately accomplished, to bring the whole of Europe within conversational distance of us; and it may be that some of the present generation may live to interchange greetings with their friends in England, France, Holland, Germany, and probably even in Russia, in the space of a few short hours.

Mutation and progress are also stamped on our profession, and it requires vigilant care and close application to study to keep pace with their rapid strides. Our profession, however, is not a fixed science, and there are but few principles belonging to it that can be considered as determined. Progress and change here, then, must be carefully watched, that they lead us not into error. Our profession deals with the lives of our fellow-men, and our errors lead to death. Let us be careful, therefore, to avoid being led astray by the specious representations and unsound deductions of over-sanguine members of our profession, which too often come from men of high professional reputation, and which are scattered throughout the world in medical periodicals. There is a strong tendency in the present day, in all classes of society, to catch at novelty, and to build up ingenious theories and systems, on the foundation of a few isolated facts, and these by no means satisfactorily substantiated, but, in truth, too often assumed. Our profession is by no means exempt from this prevailing bias. From this source has arisen homeopathy, hydropathy, Thompsonianism and other kindred medical fictions, which have obtained many proselytes, even from the ranks of the profession, and which are yet extensively engaged in the work of death, not only abroad, but throughout our own country; and not only has it given rise to systems professing to be based on pathological data, but it has resuscitated from the ruins of by-gone superstitions, the miracles of monkish charms and relics, Prince Hohenlohe's prayers, Mesmer's hallucinations, and many others equally repugnant to reason and to sound sense. At a more recent date the semblance of death has been paraded on the stage, and ether and chloroform, the agents in this counterfeit representation of the extinction of vitality, have been hailed as among the choicest gifts from Heaven, which were, if not to deprive disease of its mortality, at least to procure exemption from all physical suffering, and to wreath in smiles the countenance of the most timid and delicate during the painful throes of parturition, and, what have heretofore been considered the agonies of the gravest surgical

operations, the very sight of which would cause the stoutest heart to tremble. That many have passed through this seeming death, with *apparent* impunity, we have abundant evidence, and I trust *reliable*, to shew; that many, or indeed any, have been saved from *real* death, we have yet to learn. Sufficient time has not yet elapsed to enable us to learn whether dormant predispositions may not, in many instances, have been excited into life and vigor, which might have remained inactive for many years, if not for life, by the direct application of these potent agents to organs so important to life as the lungs. The evidence which has heretofore come to us has been, mostly, from the side of anæsthesia; an occasional lamentation, however, reaches us from the opposite quarter; and late developments on the other side of the Atlantic are well calculated to excite alarm. The victims of this humane effort to mitigate suffering, have of late sadly increased, and the London Medical Gazette of the 7th of September 1849, in a review of some treatises on anæsthesia in child-birth, closes with the following language, conveying a most solemn warning to all who use these agents to relieve the sufferings of labor:

“The trial has been made; the claims of chloroform and ether, as employed in midwifery, have been tested. The result has been, that the little advantage gained by the many, and the great detriment sustained by the few, fully confirm the statements made by Mr. Gream and others, as to the dangers attending the use of these agents—at the same time justifying and strengthening the voice of alarm; so that it is now almost as rare an occurrence to meet with an obstetric practitioner in London, who would venture to chloroformise a patient in labor, as it was common, a few months ago, to meet with those who were daily making trial of this new charm for the relief of suffering. After the perusal of Mr. Gream’s pamphlet, now before us, we feel that they in whose hands the experiment has not resulted in sincere, but unavailing regrets, have much cause to be thankful.”

We have yet much to learn in relation to these important agents, before a correct opinion can be formed, either of the benefits or injuries which are likely to result from their use; but the eagerness with which they were seized on, the extent to which their use has been carried, and the re-action which is already, to some extent, taking place, in regard to their introduction to general use, from the increased number of fatal results, clearly point out the propriety of great caution in adopting novelties, and the necessity of carefully testing them before we give credence to the merits which their authors claim for them.

The number of specifics introduced into practice of late years, by medical men of distinguished stations—the facility with which they have been adopted, and the rapidity with which they have passed out of notice, have their origin in the same source; and it is mortifying to see the members of a profession, who claim pre-eminence on account of liberal education and careful mental culture, so often led into this prevailing error, when they have been so often misled and disappointed. But a few years since a gentleman who occupied a high rank in the profession, and who was physician to one of the most extensive hospitals in London, proclaimed, as the results of his own personal

experience, that bi-carbonate of iron, in one or two drachm doses, amounted to a specific, *almost*, in tic doloroux. The same gentleman, about the same period, or perhaps a few years before, trumpeted forth kreosote as an infallible remedy in diabetes—one of the most fatal maladies it has ever been my misfortune to treat. We all know with what avidity these remedies were adopted by many physicians in this country, particularly the first, as fortunately there occur more of those diseases in which iron was to prove specific, and how many feeble and delicate stomachs were crammed to overflowing with this earthy drug, luckily comparatively inert; and what has become of the anticipations so fondly cherished, that weapons were supplied to our hands, to disarm of their suffering and mortality, two at least of the enemies of our health, our comfort and our life? They have vanished into thin air, with the thousands which have preceded them; and, what is to be deplored, on account of distinguished talents, though sadly misapplied, their originator, still in search of some universal panacea, has wrecked his fame and reputation on the shoals of “Nickel and Mesmerism,” and has become an exhibitor of the wonders of animal magnetism to the gaping nobles of England’s metropolis in this the 19th century! How can we be surprised that individuals, uninstructed in our profession, and totally ignorant of our physical organization and of the functions and relative importance of the various and complicated organs of the human body, should seize with avidity on any of the nostrums, which in countless thousands are spread before them in newspapers, pamphlets and almanacs, promising relief to “all the ills that flesh is heir to,” and in too many instances recommended to public confidence by certificates from ministers of the Gospel, who “know not what they do”—and which, for the sake of suffering humanity, is deeply to be regretted—when members of the profession have so often been led to adopt medical prescriptions and plans of treatment in cases seriously involving life, on representations devoid of the necessary foundation to inspire judicious confidence? “Fashion in physic,” has long been a reproach to the profession, from which, I regret to say, it is by no means exempt *even at this day*. How long it will remain so, must depend on the intelligence, the independence and honesty of its members.

Nothing has a stronger tendency to increase and perpetuate such evils, as the introduction into the profession of young men of naturally sprightly talents, but of limited education, of little reading, and, of course, of defective judgment. Incapable of comprehending the chemical changes which may take place from the introduction of incongruous materials into their prescriptions—unacquainted with the extensive and complex sympathies which exist between the various organs of the body, and the influence which remedies applied to one part, exercise through this medium on parts far removed from it, it is not to be wondered at that they should readily adopt remedies and modes of practice introduced to public notice by specious representations of their efficacy, and sustained by certificates of men of standing and reputation, but more ignorant of such matters even than themselves, and recommend and prescribe them with a confidence well calculated to beget a corresponding confidence in those to whom they are thus

recommended. Among such persons we often find individuals possessed of considerable astuteness, who know well the necessity, and practice it too with no little success, of supplying, by address and a confident manner, the defects of education and the want of knowledge. It is to be lamented too, that the public is more gullible on medical subjects than on any others, and too often invites the deceptions that are practised on it.

The formation of the "National Medical Association," with its various ramifications extending throughout our country, by procuring a freer and fuller interchange of views, and bringing medical theories and facts to the test of close and strict examination and professional criticism, promises to do much towards ridding our profession of many of the evils and errors which encumber it. Its recommendations also to our public schools to raise the standard of medical education, which I am glad to see, has been favorably responded to by some of our leading institutions, will bring to its aid a most important adjunct in sustaining and forwarding the cause of humanity.

I have thus briefly alluded to this tendency to delusion in our profession as a caution to all of us, against yielding a too ready credence to new systems, new theories and novel *facts*, and to the adoption of new remedies, more especially if in undue quantities they act as poisons, without a strict and critical examination of the foundation upon which their claims to confidence rest.

It is also highly important to avoid the opposite error, skepticism, which is equally, if not in a higher degree, injurious to the character and usefulness of our profession. In our search for what is true and useful, it would be well if both extremes could be avoided.

Proceedings of the Medical Society of Virginia—November Meeting 1850.

The society was called to order by Dr. R. W. HAXALL, (president,) a large number of members and several visitors being present. After the disposal of some matters of business, there were presented letters of application for membership from several gentlemen, who were duly nominated. The subject of discussion for the evening, "Tetanus," was then called up by Dr. CARTER P. JOHNSON, who said :

In presenting the report of the following case to the society, I would remark, that tetanus, as well as other spasmodic diseases, assumes a higher degree of interest at this time, in consequence of the investigations at present in progress in regard to the functions of the nervous system.

All writers agree in assigning the spinal marrow as the seat of tetanus; or rather, in ascribing to that portion of the nervous centres the emanation of the influence which is directly concerned in producing the spasmodic muscular action. The solution, therefore, of the *pathology* of this disease, must depend upon the proper comprehension of the *physiology* of the spinal marrow.

Besides the mere office of conducting impressions and influences to

and from the brain, the spinal marrow possesses the power of appreciating impressions conveyed to its grey matter, and of generating influences which are conveyed from it by its *exodic* nerves, as was first proved by Procharca, and afterwards elaborately demonstrated by Marshall Hall.

When in its normal state, an impression conveyed to the spinal marrow by an *exodic* nerve, causes an influence to be generated which is *reflected* back merely through the corresponding *exodic* nerve, producing a motion in the muscle to which that nerve is distributed; but if the natural excitability of the spinal marrow be *exalted*, the same impression conveyed to it will be responded to by a considerable portion of the organ, and will be reflected back by a large number of *exodic* nerves, producing a corresponding muscular contraction. Now if, when the excitability of the spinal marrow is thus exalted, you have, at some peripheral portion of the body, a permanent source of irritation, such as a wound (particularly if in a state of high inflammation) would afford, you will have, through the *exodic* nerve proceeding from this point, a constant series of impressions conveyed to the spinal marrow, and consequently a constant series of *reflex* influences conveyed through the *exodic* nerves to the peripheral muscles, producing a constant state of spasm—or, in other words, tetanus.

Such I conceive to be the pathology of this disease, in whatever form it may present itself. Writers divide it into traumatic and idiopathic; but I am inclined to think, that if we could analyse strictly every case of idiopathic tetanus, so called, we should find its pathology to correspond with that of the traumatic variety, both being resolved by the principles which I have just endeavored to explain. In every case of tetanus, I believe that you will find an *exalted condition of the function of the spinal marrow* and a *local point of irritation*, be that point in the spinal marrow itself, or, as it most usually is, at some peripheral portion of the body.

These views are borne out by the case I am about to report. It would ordinarily be laid down as a case of idiopathic tetanus; but that there was in this case a local point of irritation, I think is highly probable from its history, and that that point was the uterus, which had but the week before been the seat of a process well calculated to produce serious inflammatory action, I can scarcely doubt; and if so, in what respect would this case differ from a *case of ordinary traumatic tetanus*.

On Sunday, September 15th, I was called, in consultation with Dr. Wm. A. Patteson, to see Mrs. ———, of whose case I obtained from Dr. Haxall, the attending physician, the following history:

Mrs. ——— is about 27 years of age; has been married nine years, and has borne four children. Her general health has been very good.

On Tuesday, 3d September, being about six weeks advanced in pregnancy, she experienced some pain in the loins, which was soon followed by hæmorrhage. The occurrence of these symptoms she attributed to fright. During the day, Dr. Haxall saw her, but was not permitted to make an examination. Ordered acetate lead and opium, external application of cold—strict rest.

Wednesday, 4. Hæmorrhage continuing, an examination was insisted on, which disclosed the placenta presenting itself at os tincæ, which was slightly dilated. Tampon was applied, strict rest enjoined, and all other remedies discontinued. No hæmorrhage occurred after the application of the tampon.

Thursday, 5. Tampon being removed, a portion of the placenta came away. No additional hæmorrhage. Tampon re-applied.

Friday, 6. Remainder of the foetal mass came away to-day, unaccompanied by any hæmorrhage. Tampon was discontinued. At this time her pulse was good, her appetite good, and she made no complaint.

Saturday, 7. Found her sitting up in bed sewing. Enjoined entire rest.

Sunday and Monday she remained in bed, but appeared quite well.

On Tuesday, 10th, Dr. Haxall left home, and Dr. Patteson saw her; she was then sitting up and appeared quite well. On that day, after the doctor's visit, she engaged in a romp with one of her friends, and afterwards sat by an open window for some time. On that night (or the next?) she also sat by an open window, watching a fire that was in progress in the immediate neighborhood.

On Wednesday, 11th, she experienced some slight stiffness of the jaws, which continued with a slight increase up to Saturday, when her husband consulted Dr. Patteson. On Sunday, Dr. Patteson saw her about 3 o'clock, when he ordered her calomel and Dover's powders, aa grs. x. At 7 o'clock on Sunday evening, I visited her with Dr. P.

When I saw her, the case presented the following symptoms: The patient lay on her back with the head drawn slightly backwards and resting on the occiput; the muscles of the back of the neck were in a state of tension, though not excessive; the jaws were closed quite firmly, the patient not being able to open them more than $\frac{1}{2}$ inch; the masseter muscle was firmly contracted, and its fibres could be felt hard and resisting as when the teeth are strongly closed by a voluntary effort. There was considerable difficulty in swallowing, every attempt to do so being accompanied with pain and an increase in the tension of the muscles. She complained of severe pain just below the sternum, passing through to the right shoulder, doubtless caused by spasmodic action of the diaphragm. Her pulse was soft, compressive and more frequent than usual, probably 95. Her skin was relaxed and covered with slight perspiration, and she was suffering somewhat from nausea, caused probably by the Dover's powder which had been administered.

She was directed to take Hoffman's anodyne 3j, black drop gtts xx., every three hours, and to inhale sulphuric ether, which Dr. Patteson had already exhibited, through the night, "*pro re nata*;" and in the morning to take a tablespoonful of castor oil.

September 16th, 9 o'clock, A. M. Has taken two doses of the anodyne and repeatedly inhaled the ether. During the morning has dozed a good deal. Did not take the oil until a few minutes before our visit. Her condition very similar to that of last night; complains very much of the spasm of the diaphragm. Directed to continue the use of ether, to take a teaspoonful of oil in three hours; and if the bowels

were not then opened, to have a stimulating enema. Dr. Patteson visited her at 3 o'clock, and finding that only the lower bowels had been evacuated, directed Croton oil, grt ij, in mucilage, to be repeated in two hours if it did not operate.

At 6 o'clock, P. M., we visited her together, and found that the bowels had just been fully evacuated, the passage not being very offensive, and presenting a healthy and natural appearance. She was more quiet, complained less of the diaphragmatic pain, and seemed to swallow with more ease. During our visit, a tendency to tetanic spasm coming on, it was speedily controlled by the exhibition of the ether, under the influence of which she became composed and relaxed. With the view of favoring the purgative action of the oil, she was directed simply to continue the use of the ether, and only to resort to the anodyne in case of excessive purgation or great tetanic action.

September 17. We were summoned about 7 o'clock this morning to see the patient, a tendency to syncope having occurred upon raising her in bed. We found her with a very pallid countenance, increased tension of the elevator muscles of the lower jaw, and increased tendency to spasm of the muscles of the back of the neck; the pulse more feeble, though not indicating great prostration. She had passed a tolerably quiet night, inhaling the ether frequently, and being always relieved by it. She had had two more evacuations of the bowels. She complained more of the diaphragmatic pain than last night. She was directed assafoetida 3 ij., opium grs. xvi., water 3 iv., an ounce of which to be thrown into the rectum every two hours; also a blister to be applied over the spine three inches wide, from the nape of the neck to the dorsal region. Beef tea ordered for nourishment, and occasionally a little toddy. We saw her again at 3 o'clock; two clysters had been administered, the blister applied and some of the beef tea taken. She had continued to use the ether. There was an abatement in the spasm of the muscles, and she had been much more quiet and composed. At 6 o'clock, P. M.—Still farther improvement; she can separate the jaws sufficiently to admit the index finger; complains of no pain; pulse more full, and countenance less pallid and more natural. During the day the parts over the affected muscles were constantly anointed with an ointment of aconite. Directed to dress the blister with stramonium leaves, and to continue the above remedies "*pro re nata*."

September 18. Passed a comfortable night; rigidity of muscles about the same as last night; complains of no pain; pulse a little excited and skin a little warmer than natural. Directed to use ether less freely; to take beef tea and the assafoetida enema if necessary. At 3 o'clock had not taken the enema. Ordered her a cathartic enema, which was given, and followed by free evacuation of the bowels. At 6 o'clock, P. M., found her very restless; the spasms increased; constant tendency to throw the head backwards and some slight tendency to *opisthotonos*; complains again of diaphragmatic pains. Ordered 25 drops of black drop in a teaspoonful of *Hoffman's anodyne*, immediately to be followed by the anti-spasmodic enema; these to be administered through the night "*pro re nata*;" the ether to be used freely.

We left her about half an hour after the administration of the first dose of the anodyne, sleeping quietly.

September 19. Passed rather an uncomfortable night, sleeping but little. Took three doses of black drop and Hoffman's anodyne and several enemata. The spasms are persistent to-day; condition very much as last night. Directed her to take 50 drops of black drop every two hours, to use the enemata, and to drink milk toddy and julep. At 2 o'clock she was more calm, and had passed a more quiet morning. Ordered her croton oil, two drops every two hours, until the bowels were evacuated, and a solution of extract Indian hemp in 1 gr. doses every two hours. At 6 o'clock, found her more feeble, her respiration much more difficult and wheezing. Her voice was altered, indicating an evident contraction of the "rima glottidis." Her pulse was feeble and countenance pallid.

From this time she continued to grow worse, the respiration becoming more and more laborious, until about 10½ o'clock, when she expired, apparently from asphyxia.

In reply to questions asked by several members, Dr. J. stated that the ether was administered constantly and sometimes until complete anæsthesia was produced. It was taken with much avidity, and greatly relieved the agony of the patient, but did not relax the spasms.

DR. SNEAD entirely concurred in the opinion which had been expressed by Dr. J., and believed there was no such thing as *idiopathic tetanus*; that there must always be irritation, if not a wound, found in some part of the body, from which the impressions giving rise to tetanus emanated. In this case he thought it was unfortunate that the womb was not examined.

DR. JOHNSON replied, that it was determined in consultation that no good could result from such an examination, and it was therefore not made. He did not, however, defend the opinion.

DR. GIBSON believed, notwithstanding the opinion which had been expressed by other gentlemen, that there *was* such a thing as *idiopathic tetanus*, and proceeded to draw the distinction between the two forms, calling those traumatic which could be traced to a wound as the exciting cause, and all others idiopathic. The case under consideration he thought was traumatic, the womb being the seat of the injury.

DR. CUNNINGHAM remarked, that it had been his lot to see thirteen cases of this formidable disease, and that he also believed in the existence of pure idiopathic tetanus. In two of his cases there was no wound whatever. The first was a very formidable one, attended with as violent symptoms as any case of traumatic tetanus. It occurred in a child, and was produced, he believed, by worms. The other occurred in the person of a laborer in a rolling mill, who slept in a cold place after being heated and fatigued. He suffered violently with tetanus three or four weeks. In this case he used the most active purgation, with calomel, croton and castor oils. The patient recovered.

DR. JOHNSON said he had been misunderstood. If the absence of a wound was sufficient to establish idiopathic tetanus, then he believed in it, and these were cases; but, according to the position he had

taken, mere *irritation* of any part transmitted to the spinal marrow, and finding it with an *exalted excitability*, might produce tetanus. In Dr. Cunningham's cases, intestinal worms produced the irritation in the one, and the effect of cold in the other.

DR. CUNNINGHAM replied to an enquiry, that both of the cases were attended with *opisthotonos*. He then said, that although the pathological difference, based upon their exciting cause, was not clearly defined, a practical difference between the two forms seemed important, inso-much as idiopathic (or the chronic tetanus of writers) was less dangerous than the traumatic or acute.

DR. BROCKENBROUGH remarked, that in 1842 the county of Westmoreland was visited by a great many northeasters, and he detailed two or three cases of this disease produced by them, which terminated fatally. He regarded them as cases of *idiopathic tetanus*.

DR. SCOTT preferred to read what he had to say on this subject, whereupon he proceeded to read a paper, which will be found on file. In it he commented upon the views of several authors—Wood and Watson among them—and thought them rather vague, teaching but little whereon we could build any rational treatment. He preferred to adopt the conclusions of Marshall Hall, as they were based upon experiments which he thought satisfactorily proved this to be a disease of the *excito-motory system*. The terms *centric* and *eccentric* he thought much better to express the different forms of the disease, as they were much more definite than idiopathic and traumatic. He referred to Trousseau's account of the effects of *strychnine*, and said that he believed in tetanus the same organs were not only affected, but they were in the same condition as when under the influence of *strychnine*. He attributed the occurrence of sleep in the disease, to an exhaustion of the superabundant nervous excitability. Patients sleep because spasm has relaxed, not that sleep relaxes spasm. During rest, time is given for accumulating a new supply of excitability, and spasms again follow. As to the treatment, Dr. S. had nothing to say, having seen only two cases: they were treated with assafoetida and opium, and, he supposed, calomel—both patients died.

DR. GOOCH said he would respond to the call made by the able reporter this evening, on members, to detail their experience. He had seen a good many cases in this country and in Europe, but was sorry he had not made better notes of them. He had seen cases which he considered *idiopathic*, according to the accustomed signification of that term, being attended with no traceable injury, inflammation or irritation. He preferred the terms *centric* and *eccentric*, and thought it probable there was no *centric tetanus*: the so-called cases were epileptoid disease. He referred to Dr. Johnson's case, and said he should have deemed an uterine examination necessary. In regard to the tobacco enemata, he should not have used them, as Dr. Johnson had said, because the tendency of the case was downward, and the patient very feeble—moreover the bowels were opened well. He considered tobacco in nine cases in ten an invaluable agent. It is directly a nervous sedative, and *indirectly* so, by proving an efficient laxative, ridding the bowels of their irritating load. It was freely used in British prac-

tice. Etherization is a great boon to the poor tetanic. But this was only an adjuvant means. He considered the treatment in the case before us, like it most generally is—*not curative, but merely palliative*. We should be searching now for some *remedy*, and no longer relying upon soothing and palliating the most severe symptoms. In this case he thought it exceedingly probable that quinine, in full doses and often repeated, *might* have saved the patient. We agree that it is a sedative, besides being a fine tonic. In addition to this theory we have evidence in its favor. The case reported to the society last year, by Dr. T. S. Garnett of Westmoreland, has two bearings on this discussion: Firstly, it was one of terrible character, with no traceable cause, (an idiopathic case,) resisting the whole list of remedies most energetically applied; and, secondly, it yielded to a treatment with quinine and alcohol, adopted when the case was of forlorn hope.

DR. SCOTT asked how quinine could be both a sedative and a tonic; and if it was, he did not see the object in giving it for this double effect.

DR. GOOCH said, that if the sedative was the principle of cure, (and he believed it was,) he should think quinine a powerful and useful drug; and if the spasms could be broken in upon, he should assuredly use a *tonic*, and should rather use this anti-periodic, in hopes that it would prevent the recurrence of them. He would answer the other part of the query, by asking another: How is the cold douche both a sedative and a tonic in mania potu?

DR. HASKINS said he believed the correct pathology had been stated; that tetanus was a disease affecting especially that portion of the nervous system concerned in the performance of the reflex functions, and consisted in a morbid increase or exaltation of its excitability. This no one had denied. Now, assuming this to be the correct pathology, he did not believe the mode of treatment adopted by ourselves, and recommended by the highest authorities, was the true or philosophical one. The remedies used in the case reported, ether, opium, alcohol in some form, and a few other *nervous stimulants*, make up our list. What principle, he asked, would indicate the propriety of *stimulating* a nervous system already in a state of hyper-excitement? This plan of treatment may be defended, perhaps, upon a principle alluded to by Dr. Gooch. He has said quinine was a stimulant in small doses, and a sedative in large ones; and we all agree with him. In this admission, however, I do not conceive that any objection to the use of such articles is removed. This phenomenon is in accordance with a well known law of the animal economy, "that undue action is followed by subsequent depression." They cause an expenditure and exhaustion of the super-excitability, and temporary sedation is produced. This whole class of medicines are, nevertheless, *nervous stimulants*, though, secondarily, they may be sedatives. If these remedies operated principally upon that portion of the nervous system involved in the disease, I confess that my difficulty would be in a measure removed. But opium, alcohol, &c. act first upon the brain. Ether illustrates it well. Labor throes, respiration, &c. go on uninterruptedly, while the patient is in a state of

anæsthesia. There is a complete depression of the sensorium at the same time. It then seems to me that all we gain by the use of such articles is the production of insensibility to the pain of the spasms. If, however, it be a correct principle of treatment when we wish to produce sedation in any organ, to do so by stimulating it until we have exhausted its excitability, would it not be much more plausible to use in this disease strychnine, which we know to act directly upon the excito-motory system? Would not large doses of *strychnine* produce the opposite effect of small ones?—the desirable effect. Dr. H. appealed to Dr. Gibson, as a lecturer upon surgery, and one whose province it had been to investigate especially this disease, for his opinion as to the existence of centric tetanus, discarding the old and indefinite terms, traumatic and idiopathic.

Dr. GIBSON was not prepared to say that there were cases of more centric tetanus than those arising from effusion, pressure on spinal marrow, &c. He differed with Dr. H., and did see great good arising from the use of opium. Patients die of exhaustion, or of asphyxia; and, as opium gave rest, he thought it very valuable. He highly approved the treatment of the case, notwithstanding the strictures of Dr. H.

Dr. JOHNSON said he believed Dr. Haskins' theory and explanation of the different effects by different sized doses to be correct. But why not suppose that these remedies act on the spinal marrow directly, as well as on the brain? Is it probable that we only reach this system with them, going round by way of the brain? We relieve colic by venesection and opium. Is it not by direct action on the spine, which furnishes the nervous influence giving rise to the contractions?

Dr. CUNNINGHAM said we do not act upon the principles of modern pathology: as a London doctor remarked, "It would ruin the practice of physic." In reply to Dr. Haskins, he would ask, why give stimulants through the brain in hysteria or delirium tremens, where we know the nervous system to be in a state of hyper-exaltation. We act with the means which we possess, because we know their effects, not because we know how they act.

Dr. HASKINS replied, that if his strictures upon the treatment of tetanus had been thought to apply to the case under consideration, he had been misunderstood. So far from disapproving the treatment practised by Dr. Johnson, it was what he should have felt himself bound to have done under similar circumstances. But we were here now in the medical society, and should discuss philosophically the principles of treatment indicated by pathology, regardless of the absurdities into which we may be led. Dr. Cunningham has referred to the success of nervous stimulants in the treatment of hysteria and mania potu as an argument why they should be used in tetanus. Now, as regards the former of these diseases, though involving principally the same nervous system, we know its form to be entirely different from tetanus, and rarely ever proving fatal—indeed ceasing of itself after a short time, whether medicines have been administered or not. Is it then fair to conclude, that in all cases where medicines have been

administered, that they have arrested the paroxysm? As to mania potu it does not generally depend upon excitement of the nervous system, but on the contrary, is due to the absence of an accustomed stimulus. We can therefore readily see why it should be relieved by stimulation. But the Doctor apprehends that our modern pathology "will ruin the practice of physic." Now he himself has stated that he never saw a case of traumatic tetanus recover under the present practice; and this is but the concurrent testimony of all the members of the society, as well as all authors who have written upon the disease. It has also been shewn this evening, from statistical tables, prepared by Curling, that of 128 cases, (including every variety of the disease,) only 56 have recovered. I for one, sir, do not feel that we shall sustain any great loss, even though our modern pathology does ruin such practice as this.

DR. MAUPIN made some remarks upon the general principles of the disease and of sympathy, and said we must fix our disease and its laws by reasoning, and then by experience build a system of treatment.

DR. SNEAD said he wished to be understood as one of those who believe idiopathic tetanus had not been established.

DR. BOLTON had seen two cases recently. One supervened on an abscess and erysipelas of arm, and was fatal. He used chloroform in it, and with marked advantage.

DR. PARKER remarked that one of the cases referred to by Dr. Bolton was his—traumatic and fatal. He should always use chloroform, having seen its great benefit. He had seen an infant aged 13 days, die with congenital tetanus.

DR. TERRILL, of Hanover, had used tobacco enemata until compelled to desist, together with the usual recorded treatment, in a case of traumatic tetanus, but his patient died.

The subject was then informally laid over.

DR. BOLTON exhibited a flannel bag of unbroken flies, which he said was given him by a patient from the country, and had been used for 17 years to blister. She said, by moistening one side with warm vinegar and applying to the surface, it would draw in an hour. An additional advantage which this acetate of cantharidin possessed, was, that it was not so apt to produce strangury.

December Meeting.

After the election of several members and the transaction of some business, *Dr. Merritt* read an elaborate essay on "congestive fever." As the author of this paper has had great experience in this, one of the most serious diseases of the South, and as we think his views of its pathology and the correct treatment are good, we will publish the main points in our next Number.

Collodion—Its Use after Leeching and in Erysipelas.

Like most other American inventions, whether of great or of little importance, this article has been claimed by our trans-atlantic friends. A paragraph passed around the American papers stating that this liquid adhesive plaister had been invented by a French chemist—probably a Mons. Alexandre. This is not so; and, though of no great moment, yet “to render unto Cæsar that which is Cæsar’s,” is but just and proper, and I take pleasure in stating that it was first made in Paris by a young American from Boston—I believe, a Mr. Maynard. Charrière, the great instrument maker in Paris, applied it, the day after it was first made, to my hand to cover the wound made by Mr. Alexandre’s *artificial leech* which we were trying—Mons. Charrière applied it, saying that it was a neat preparation made and given to him for trial by our countryman, Mr. Maynard.

It is an exceedingly useful substance, and has been applied to all sorts of uses in the arts and sciences.

A short time since I had occasion to apply a dozen leeches to an infant of only a few months’ age. I was called an hour or two after the operation to stop the bleeding, (which had been twice arrested by cold cloths and pressures, but only for a time.) Other means failing, I poured thick collodion over the bites, previously pressing the surface with a dry towel, and in a few minutes I left my little patient perfectly secure from any recurrence of hæmorrhage. We know that children have bled to death from leech bites, and they are sources of no ordinary trouble frequently. This preparation is a convenient, comfortable and certain application, and should be always at hand. It is better to apply a *thick collodion*, so that it may be dried and adherent before any blood can accumulate under it. It seems to be a temporary styptic, and the bleeding is arrested long enough for it to dry, when it is prevented. It usually peels off in from two to five days, and is a source of no inconvenience whatever.

It is reported in the “Lancet” to have been used, with great success, by Mr. Luke, of the London hospital, in the treatment of erysipelas. He says, “it would appear that collodion fulfils two important indications; it protects the inflamed surface from the contact of the air, and it contributes, by the pressure it effects, in driving the blood from the distended capillaries.”

G—.

We believe that the treatment recommended below for scarlet fever has not had as fair a trial as the high standing of its author would demand for it. Though Dr. Lindsly’s letter is not very recent, we deem the subject one of much practical interest, and give it in full.—ED.

To the Editor of the Boston Medical Journal.

WASHINGTON, April 11, 1850.

SIR: As everything relating to the treatment of scarlet fever, a disease almost as fatal and destructive as cholera itself, is of great in-

terest to the profession and the public, I desire to call the attention of your readers to the mode of treatment recommended by Dr. Schneemann, physician to the king of Hanover, as contained in a recent number of the London Lancet. The plan proposed by Dr. S. has not received the attention from the medical profession in this country or in England, so far as my knowledge extends, that its importance demands. My experience with it is now considerable, and I think I can safely recommend it as a very valuable addition to our means of conducting this dreaded disease to a satisfactory termination. It is philosophical and rational in theory—simple and efficient in practice.

Its *modus operandi* will be seen at a glance, and will commend itself to every discriminating physician; for every one, I think, will admit that the chief weight of this disease falls upon the skin; and of course whatever tends to restore the deranged functions of this important part of the body will contribute most materially to alleviate all the symptoms. The employment of this remedy of course will not prevent the use of such other means as experience sanctions, and each particular case calls for, as laxatives, febrifuges, application to the throat, internal and external, &c.

I hope a fair trial will be given to this mode of treatment by the profession, and the results made known through the journals, that its true value may be definitely ascertained. I subjoin the most important directions given by Dr. Schneemann, in a somewhat abbreviated form.

HARVEY LINDSLY, M. D.

Treatment of Scarlet Fever by Inunction.—From the first day of the illness, and as soon as we are certain of its nature, the patient must be rubbed morning and evening over the whole body with a piece of bacon, in such a manner that, with the exception of the head, a covering of fat is everywhere applied. In order to make this rubbing in somewhat easier, it is best to take a piece of bacon the size of the hand, choosing a part still armed with the rind, that we may have a firm grasp. On the soft side of this piece slits are to be made, in order to allow the oozing out of the fat. The rubbing must be thoroughly performed, and not too quickly, in order that the skin may be regularly saturated with the fat. The beneficial results of this application are soon obvious. With a rapidity bordering on magic, all, even the most painful symptoms of the disease are allayed; quiet, sleep, good humor, appetite return, and there remains only the impatience to quit the sick room.

The advantages of the treatment indicated may be summed up as follows:

1. The improbability, we might almost say the impossibility, of the patient getting cold while the skin is thus covered with fat, a point in no disease more important than here.

2. The dry brittleness of the skin and the tormenting itching are by it not only materially alleviated, but generally entirely removed.

Every practitioner knows how often the itching and burning of the skin in scarlet fever are unendurable to children, keeping them constantly in distressing movements, and robbing them of sleep. Hence children are generally well satisfied with this process, and often ask for its repetition long before the time is come.

3. The influence on the physiological functions of the skin is still more important. During the coming on of scarlet fever the skin becomes diseased, in consequence of which it loses its vital power. During this illness, and until a new covering is again prepared for the surface, the functions of the skin are very imperfectly performed, or during the desquamation probably not at all. In order to explain the extent and importance of the imperceptible functions of the skin in a merely mechanical view of the matter, the reader is referred to the accurate experiments of Seguin, which fix the quantity of matter thrown off from the outer skin at eleven grains per minute in a grown person, therefore more than two pounds per day. What efforts must it cost the organism to lead so large a quantity into other paths, in order to throw it off, when the skin is incapable of doing so!

4. With this disappearance of the desquamation disappear all those bad symptoms which attend on it. In order to give a striking proof of the importance and bad influence which the interrupted functions of the skin produce on the healthy activity of relative, even if distant, organs, we may cite the fact that death is always the result where more than one-half of the skin has been destroyed by fire or boiling liquid. A similar destruction of the skin ensues in scarlet fever, with this difference—it takes place gradually, and thereby the organism is better enabled, by employing all the activity of the body, to find aid against the mischief which must result from the cessation of the functions of the skin.

The Speculum in Uterine Diseases.

At one of the meetings of the Royal Medical and Chirurgical Society of London, the distinguished obstetrician, Dr. Robert Lee, read a paper on the use of the speculum in the treatment of uterine diseases. Quite a bitter warfare has since been going on between the friends and opponents of the instrument, among whom are many of the most eminent English physicians. It seems very strange that such diversity of opinion and observation should exist as to the real condition of the membrane about the os and cervix uteri. Some insist that there is never any ulceration, abrasion, &c., unless of specific character, and Dr. Ashwell is one of these. That author has said “that the use of the speculum has almost become a professional dishonor, and that the necessity of employing it as frequently as it is now employed by respectable practitioners, would compel him to retire from the practice of diseases of women.” In commenting upon the views of

Dr. Ashwell, and his "unguarded expression," Dr. Tilt, a gentleman who has lately put out a work on "*the diseases of menstruation*," which will elevate him to the highest rank as an author, very tersely remarks:

"I can easily understand that a noble nature should aspire after a better world, where there may be no distinction of sexes, and where no obstetric physician will be required to meddle with delicate organs. But as long as there are *bonâ fide* women in this sublunary sphere, those organs which constitute them women must be assisted in their functions and ministered to in their diseases, and unless the medical attendant is himself indelicate minded, there is, as Dr. Locock tersely remarked, no more indelicacy in doing so than in curing a sore throat by cauterizing the tonsils."

The reader is referred to the *Lancet* for the very interesting debate and communications on the subject, but as we think the following letter as applicable here as in England, if not much more so, we give it.

"To the Editor of The *Lancet*."

"SIR—If you will allow me space, I would offer a few remarks on the use of the so much abused speculum uteri. I have for some time adopted it in my practice, and have found it so valuable an aid to diagnosis and treatment, that I consider its use in uterine disease as indispensable as is the stethoscope in affections of the chest. In proof of this assertion, I would cite the following case, which remarkably illustrates not only its utility, but its necessity. I was consulted, about four months since, by a married lady, who presented symptoms of uterine disease, and on stating this to be my decided opinion, I was requested by her mother at once to ascertain the fact. On examining with the finger per vaginam, the labia uteri presented that velvety feel described by Dr. H. Bennet as indicating the existence of ulceration, and also considerable induration; my diagnosis was afterwards confirmed by the speculum. I lost sight of this patient until very recently, when she again requested my attendance. I found her with all her symptoms much aggravated. She told me that she had been under the care of one of the obstetric physicians who are now taking so prominent a position in the present anti-speculum crusade, and who had been occasionally attending her during the last seventeen years. This gentleman had always declared that she was laboring under stricture of the rectum, for which he had been diligently drugging her during that long period. In this opinion he was strengthened by another eminent obstetric physician of the same school, who occasionally saw the patient. On becoming worse she again sought my advice, but I declined any interference unless I was permitted to make a thorough investigation of her case. To this she willingly consented. I first passed my finger easily into the rectum, through which it was declared "a crow-quill could not enter." I felt a hard, projecting tumor, completely filling the hollow of the sacrum. This I discovered, on examination per vaginam, to

be the retroverted fundus uteri, much enlarged, and excessively tender to the touch. The labia uteri presented unmistakable granular ulcerations, with induration extending up the walls of the cervix. Now, I would ask, am I to believe the evidence of my senses, or am I to take the opinion of men who would not for the world use that dangerous instrument called Simpson's uterine sound, and who are of too pure a school of medical ethics to make a vaginal examination? I would ask the profession, in sober earnestness, are we to accept the *dicta* of such men, as to the use of instruments which many of us have proved to be of incalculable value, and which have been introduced to us by men certainly of as high professional standing as any who oppose their employment. Of what value are the opinions of those who either declare that they have never derived any information whatever from the use of the speculum, or who altogether ignore the use of instruments in uterine diagnosis?

"Whilst I am upon the subject, in conclusion, I would hint to Dr. Marshall Hall, that should his opinions become known to the wives and daughters of England, they would repudiate his championship of their morals, and would throw back upon him with indignant scorn the sentiments he has dared to attribute to them.

"Requesting you will favor me by giving insertion to this letter in your forthcoming journal,

"I remain, sir, your obedient servant,

"W. MOON."

OUR EXCHANGES.

Our thanks are due to the editors of the following works, who have been good enough to commence exchanging *in prospectu*. We welcome them to our table, and hope that our acquaintance will be mutually agreeable.

The New York Register of Medicine and Pharmacy, a neat semi-monthly of 16 pages, edited by Dr. C. D. Griswold. We have received the six numbers issued, and are much pleased with it. The December (15th) Number, after noticing our prospectus, goes on to say:

"It is often remarked that we have already too many medical journals, more than can be supported, &c., and we have no doubt but that the same kind of objections have been urged against each new publication, since the first one was established in this country. Franklin was advised not to set up a second newspaper in Philadelphia, on the ground that it could never be sustained, as Philadelphia had already attained its full growth; and so it is, that there are always prudent ones, who advise against any undertaking for which they may be called upon to subscribe. We may have too many journals, but we have not enough good ones, nor are they sufficiently well patronized. Let every

man double his subscription list for one year, and after that time it will cost him but little if any more than he now pays—such is the influence of patronage upon the press. With a proper spirit of independence, the medical journals of this country might do much to relieve the profession from its worst evils; but as it now is, the doctors are handled more like sick babies, and their defects covered up with the scrupulous care that a foolish mother would screen the errors of her spoiled boy. The truth is, our journals, or many of them, are conservative to a degree which impairs not only their own interest, but lessens the good they might do the profession. We do not like to see the many suffer from the errors or vices of the few, and it is not right that it should be so. A journal that has no character or principle or opinions independent of the communications upon its pages, is not worth having. As with the stethoscope we ascertain the condition of internal structions, whether they are healthy or unhealthy, so through our Virginia cotemporary, may we have revealed to us the true condition of the *heart* of the profession.”

The Southern Medical and Surgical Journal, a good monthly, 64 pages, edited by Dr. J. P. Garvin, Augusta, Georgia. We perceive by the December Number that this work will in future be conducted by Professor L. A. Dugas, of the medical college of Georgia. This gentleman is the successor in the chair of surgery to Dr. Paul F. Eve, who was last year appointed to Dr. Gross' vacant chair in the university of Louisville. We see by an advertisement that “Dr. Eve will resume the practice of his profession in the city of Augusta by 10th March 1851. We suppose, then, that Dr. E. will resign his new professorship and go back to the field of his old labors. He is the chairman of the committee on surgery of the *American medical association*, and asks that communications may be forwarded to him to Louisville or Augusta either.

Though “the editor, publisher and printers were all suffering from *break-bone fever*,” they got out a very good number. It opens with the conclusion of a very interesting paper “*On the present state of Medicine*,” by Dr. C. Todd Quintard, of Roswell, Georgia. Its periscope is well made up.

The Boston Medical and Surgical Journal, a weekly of sixteen pages, and a number of advertisements. Its editor, Dr. J. V. C. Smith, is writing letters, interesting enough to the general reader, from the East. His last is from Alexandria, and is principally devoted to the harem, the city, and other things not medical. We see by this paper that there are *negro medical students* in the Harvard university! and a *white woman*. The students remonstrated, but to no purpose. This paper publishes the marriages of the Massachusetts doctors, and we

are pleased to see that our old friend Prof. Jeffries Wyman, late of the Richmond medical college, has "taken unto himself a wife."


The New York Medical Gazette and Journal of Health, weekly, edited by Dr. D. Meredith Reese : a medical *newspaper*, worth to New Yorkers its subscription. It tries to conciliate the Southern medical students to the Northern colleges.

The Northern Lancet and Gazette of Legal Medicine, edited by Dr. F. J. D'Avignon and Dr. Horace Nelson, of Plattsburg, New York : a double column octavo, very indistinctly printed, and not much of a "*Northern Light*" in medico-legal science. We adopt, however, his notice of

The American Journal of Medical Science. Dr. Isaac Hays, Philadelphia. "This excellent journal needs no recommendation of ours in inducing the profession to extend their patronage to a publication which may be considered as truly American."

The Philadelphia Journal of Pharmacy, another national work of great value, most particularly to all apothecaries and country practitioners, who are necessarily both prescriber and compounder. To this work we shall look to keep us posted in the new preparations.

The London Lancet, which is so expeditiously re-printed in an unabridged form by Messrs. Stringer & Townsend of New York, is furnished us by Messrs. *Morris & Brother*. This work we would not be without, and its circulation is so general we need not say a word in its praise.

 Other works receiving this Number will please exchange. Authors and publishers sending works for review, will please do so through the Richmond booksellers, or, post paid, by mail.

VIRGINIA MEDICAL SCHOOLS.

It is a source of pride and congratulation among Virginians to see the present flourishing condition of our colleges, and to know that they are rapidly assuming that position which their merit demands, and which it is the duty of every Virginian to aid them in attaining. The stigma upon the state, that it cannot educate its own sons, is being rapidly wiped away ; and the time is close at hand when we will no longer be going to the North to seek fountains of wisdom and learning. The present session of our medical schools proves that a proper feeling of state pride is being awakened, and we feel quite confident

that in a few years our state will occupy the position in medicine with the South that Philadelphia once did with the whole Union. The climate of any city further South than Richmond is too warm for anatomical pursuits, and evidence is abundant that Southern medical students are not going further North. So we are warranted in the belief that this state is soon to become the seat of the great medical school of the South. We know that the older members of the profession were all educated in Philadelphia, and that they have that love and veneration for their *alma mater* which is so natural. But we believe that they are also duly impressed with the importance of throwing off that vassalage which bound us to the North, and which circumstances no longer render necessary. The progress of medicine has been so rapid, and the means of communicating it has become so much facilitated, that there is no longer that centralization of American medicine necessary as was the case when our country was young and its population sparse and scattered.

The Medical college of Richmond has a much larger class than ever before, and the proportion of second course students is very great. The faculty are lengthening their course, and steadily raising their standard of graduation.

The medical class of the University of Virginia is unprecedentedly increased, and far greater in proportion than any of the academic departments. This speaks well for professional education in Virginia, as the university is universally granted to be the most thorough drilling or preparatory course in our country.

The Winchester medical college has a very respectable class, and we learn the professors are advancing its interests with a zeal and in a manner worthy of the praise of the profession.

The medical department of Randolph Macon college is also on the increase, and we believe preparations are being made there to extend the course.

From want of accurate information, we defer stating the numbers, &c. of our schools, but we will do so in a future number.

MEDICAL SOCIETIES.

We give in the present Number an abstract from the very interesting debate in the Medical Society of Virginia at its November meeting. This body holds regular meetings, on the third Tuesday of every month, in the hall of the Richmond library association, corner

of Main and 11th streets. Its annual meeting is in May. Its officers for the present year are : President, Dr. Ro. W. Haxall ; vice-presidents, F. Marx and James Beale ; secretary, P. Cl. Gooch ; corresponding secretary, Carter P. Johnson ; treasurer, James Bolton ; librarian, W. J. Clark. The society is in a very flourishing condition, and has a large number of members throughout the state. In a future Number we will give a full account of its organization and history. We learn that societies exist in Petersburg, Norfolk, Fredericksburg, at the University of Virginia, Wheeling, Loudoun, and in Greenbrier county. There are others, doubtless, in the state, and some of them are prospering. We would be glad if the secretaries of these bodies would furnish us with their proceedings for publication. It is said, "that the medical press is the nurse of medical talent;" so, we conceive, are medical societies.

If the profession would be more careful not to use articles which are not pure, less complaint would be heard of remedies of all sorts which produce good or bad effects according to their preparation. If chloroform were always as good as it should be, we believe many of the bad consequences attributed to it would never have been heard of.

For the benefit of our readers who do not take the *American Journal of Pharmacy*, we publish the following article of Dr. Gregory, together with the editor's remarks :

Notes on the Purification and Properties of Chloroform, read before the Royal Society of Edinburgh, by William Gregory, M. D., Professor of Chemistry in the University of Edinburgh.

1. Chloroform has been prepared both from alcohol and wood-spirit. The latter has been used for the sake of cheapness ; but as it is a mixture of several liquids, all of which do not yield chloroform, it gives an impure product, in a proportion which varies much, but is always below that obtained from alcohol. There is therefore not only no advantage, but the contrary, in using wood-spirit, which is not, after all, much cheaper than alcohol.

2. But the chloroform from these two liquids, *when fully purified*, is quite identical in all its properties. Its smell, density, boiling-point, and action in the system, are in both cases exactly the same. That from alcohol is no doubt more easily purified than the other, but it also contains certain volatile oily impurities, which must be removed before it can be safely used. The peculiar oils which adhere to both kinds of chloroform are not identical, or at least, not all identical, but they are of analogous constitution and properties.

3. Soubeiran and Mialhe have examined these oils. They contain chlorine, have a disagreeable smell, and when inspired or smelt cause distressing headache and sickness. In the case of wood-spirit, some of its own impurities distil over unchanged, and are also found in the chloroform.

4. It is well known that many persons, after the use of chloroform, have suffered from headache, nausea, and even vomiting, as I have more than once seen. Headache and nausea I have myself often experienced, when I have tried different specimens of chloroform, without taking so much as to produce the full effect.

5. Perfectly pure chloroform does not, so far as I have seen or experienced, produce these disagreeable effects. It is therefore highly probable that when they occur, as they do with some individuals, from the use of chloroform of more than the average goodness of quality, they depend on the presence of a trace of these poisonous oils.

6. All good manufacturers of chloroform purify it by the action of oil of vitriol, which destroys the oils, while at the same time a part of the acid is reduced to sulphurous acid. The chloroform, to remove this, is then distilled with lime or carbonate of baryta, and is tolerably pure if the process be well conducted.

7. But it is not quite pure, and contains a trace, more or less distinct, of the oils. I have found this to be the case with all the best chloroform made here up to 1849; and I have several times seen headache and sickness from the use of such chloroform, which was the best anywhere made. I must add, however, that the quantity of oils in the chloroform of the best Edinburgh manufacturers, although variable within certain limits, was always so small, that that product was fit for use, and only caused headache, &c. in a few peculiarly sensitive persons.

8. It was desirable to have a test for these impurities, as well as an easy and effectual mode of removing the last traces of them, especially as many sorts of chloroform not made here were far inferior in quality to that prepared in Edinburgh. One very delicate test is, that of oil of vitriol, which should be quite colorless, pure, and of the full density of 1.840 at least, as it may be obtained by Mr. Kemp's process, lately read to the Royal society; when agitated with the chloroform, it becomes yellow or brown, from its action on the oils, which it chars and destroys. Any change of color is easily seen by contrast with the colorless chloroform which floats above. Pure chloroform gives no color to the acid. It is essential that the oil of vitriol be colorless and also of full density; for if colored, it is not easy to see a slight change on its color; and if below the proper density, that is too weak. It is not much colored by a chloroform which will render dark brown the acid of proper strength.

9. Another test, still more delicate, I find to be the smell of the oils. When chloroform is poured on the hand or on a handkerchief, it rapidly evaporates; but the oils, being less volatile, are left behind; and their smell, previously covered by that of the chloroform, is easily recognised. Until very lately no chloroform was sold, or indeed known, which would stand this test, or even the former.

10. Up to 1849, the best commercial chloroform had a specific gravity of 1.480, which was considered a guaranty of its purity; but it had been obtained by chemists of specific gravity 1.494, and even 1.497. I have found that chloroform of 1.480, when once more acted on by oil of vitriol, which destroys the oils and becomes brown, may be obtained after removing the sulphurous acid, of specific gravity 1.500 at 60°. This I take to be the specific gravity of pure chloroform. Our best makers have lately, much to their credit, pushed the purification so far as to furnish chloroform even of this highest density, and also in other respects such as it ought to be.

11. There are still, however, many makers in other places whose chloroform is not so pure; and I shall now describe the method which, with Mr. Kemp, I have employed for purifying, perfectly and easily, any commercial chloroform, except one remarkable specimen—a process which will enable any medical man to purify it for himself with the greatest facility.

12. The chloroform, having been tested as above, and found more or less impure, is to be agitated with the oil of vitriol, (half its volume will be sufficient,) and *allowed to remain in contact* with the acid, of course in a clean, dry and stoppered bottle, and with *occasional agitation* till the acid no longer becomes darker in color. As long as the action is incomplete there will be seen, after rest, at the line of contact, a darker ring. When this no longer appears the chloroform may be drawn off, and for greater security once more acted upon by a quarter of its volume of the acid, which should now remain colorless. It is now to be once more drawn off, and, in a dry stoppered bottle, mixed with a little powdered peroxide of manganese, with which it is gently agitated, and left in contact until the odor of sulphurous acid is entirely destroyed and the chloroform has acquired a mild, agreeable, fruity smell. It has then only to be poured off into a proper phial. It will now leave no disagreeable smell when evaporated on the hand. [If the commercial chloroform, after having been *frequently well shaken* and *left for some time in contact* with the acid, has given to it only a moderate tinge of color, it is probable that it may be completely purified by the first process. To ascertain this, test a fresh portion in a tube with fresh acid, shaking well, and allowing it to stand for some time. If it do not color the acid at all, then the whole chloroform has only to be finally purified by the oxide of manganese. If the acid become colored in the test tube it will be as well to act on the whole chloroform a second time with fresh acid till it stands the test. Mr. Kemp has observed, in repeating this process for me, the very curious fact, that as soon as the action is complete and the oily impurities are destroyed, but not sooner, the chloroform tested with the acid in a tube exhibits a strongly convex surface downwards, where it rests on the pure acid, or what is the same thing, the acid becomes concave at its upper surface. The smallest trace of impurity, not sufficient to affect the density of the chloroform, we have found to render the line of junction horizontal. It is probable that this may become a valuable test of the perfect purity of chloroform; but we shall not say more on this subject until we have

thoroughly examined it.] This process requires no apparatus beyond a few stoppered bottles, and a *pipette*, if we wish to draw off the whole chloroform without loss, although nearly the whole may be simply poured off. The use of the oxide of manganese is due to Mr. Kemp, and on the large scale the chloroform may be filtered through a cylinder full of it. In this final purification of commercial chloroform no distillation is necessary. Indeed, no rectification is required at all if it be well washed with water before using the acid.

13. It may be considered as certain that the use of chloroform thus purified will very rarely, if ever, cause the disagreeable effects above noticed.* As to more serious bad results from the use of chloroform, so often spoken of elsewhere, it is enough to state that a large proportion of the cases must be attributed to the use of a liquid so impure as hardly to deserve the name of chloroform at all.

Postscript.—Since writing the above, my attention has been called to a paper by Dr. Wilson, on the specific gravity of chloroform, which he was not able to obtain higher than 1.498. I have therefore to add, that every specimen, whether of specific gravity 1.480, 1.490, or 1.497, which I purified as above, acquired the same density of 1.500, as ascertained by the use of a very delicate and accurate bead, (made by Lovi,) which sank at 60.°5 and rose at 59.°5; and also by three successive weighings with a very delicate balance. It will also be seen, that three commercial specimens had this density; I could detect no foreign matter in my chloroform; and besides, every foreign matter that is likely to occur *lowers* the density. I have no doubt that Dr. Wilson's specimens would have colored the acid and left a smell on the hand.

I may add, for the maker, that after distilling the materials which yield chloroform, no distillation or rectification is needed. He has only to wash the heavy fluid with water till its volume no longer diminishes, and then to use the oil of vitriol as above, finishing with the oxide of manganese. Distillation with the acid is of no use, because no proper contact can take place, the chloroform distilling from the surface as it would from mercury. In testing by oil of vitriol, it is

* Dr. Simpson informs me, that the purest chloroform he has used not unfrequently causes vomiting. On further enquiries, I find that this occurs when it is administered after a full meal. This can easily be avoided, and must not be confounded with the headache, nausea and vomiting alluded to in sections 4 and 5; which symptoms are persistent, and occurred in my experiments always with an empty stomach, the experiments being made an hour or two before dinner. Mr. Carmichael, assistant to Dr. Simpson, has mentioned to me some facts which confirm the view I have taken. At one period, for more than a week, Dr. Simpson and Mr. Carmichael were kept in a state of continual anxiety by the occurrence, in all the puerperal cases in which chloroform was used, of very unpleasant symptoms, particularly of frequent pulse and other febrile symptoms, lasting for some days. At last, after much annoyance from this cause, it occurred to Dr. Simpson that he was using one particular specimen of chloroform above the average in quality. As soon as this idea occurred he threw away all that remained, and returned to that which he had generally used. The unpleasant symptoms no longer appeared. [I regret much that I had not an opportunity of examining that specimen, but I may add that the maker, not an Edinburgh one, now produces chloroform of much better quality, though not yet absolutely pure.] But the striking fact is this, that Dr. Simpson and Mr. Carmichael state, that during the period above alluded to, when that one kind of chloroform alone was used by them, their handkerchiefs became quite offensive from the smell left on them, which even adhered to them after washing. There can, I think, be no doubt that here the oily impurities alluded to in sections 4 and 5 were present in notable quantity.

best to use some ounces of chloroform, and to shake it in a phial, because in a test-tube, the color produced, if not strong, may be overlooked.

While I acquit the makers of chloroform, who have sold an impure drug, of all desire or intention to adulterate it, I feel it my duty to point out that the system which permits *any one* to set up as a manufacturer of this or any other potent remedy, without let or hindrance, without any test of his qualifications, without, in short, enforcing a knowledge of chemistry and pharmacy as an essential condition, is a radically bad one; and that our law, in relation to druggists and apothecaries, requires reformation. In fact, the evils naturally resulting from it are only neutralized, and that but in part, by the good feeling and principle of the leading manufacturers.

To illustrate this, I may remark, that some of the makers of chloroform must have been very ignorant, even of what was known and published concerning its properties; for, among the specimens I examined, are several of specific gravity below 1.489, which was long ago given as the standard, even so low as 1.347.

That this neglect proceeded more from ignorance than from intention, is, I think, plain, from the fact, that a specimen labelled "Pure Chloroform" actually contained only a trace, about one-thirtieth, of that substance. I did not ascertain its specific gravity, which must have been far lower than 1.200 or 1.100—nay, possibly, under 1.000, because its impurity was so obvious in every other respect, and the quantity I had was too small; but, on examining it further, I am convinced that its origin was this:—The maker, after distilling the materials, obtained, of course, two liquids, a lighter and a heavier. He evidently *did not know* that the latter was the chloroform, and therefore threw it away, and preserved the *lighter*—a mixture of pyroxilic spirit—of its natural impurities, of the deleterious chlorinated oils, and a *trace* of chloroform. At least, such are its characters; and it exactly resembles what would be obtained in the way supposed. But what a fearful degree of ignorance (without any evil intention) is here exhibited. And yet this maker was free to produce and sell *pure chloroform*, which was actually almost *pure from chloroform*, and loaded with deleterious agents.

[A few weeks since, having occasion for some chloroform, we obtained a pound from a manufacturing establishment in this city. On opening the bottle, the odor of the chloroform was contaminated with that of chlorine, and the stopper had on it a greenish yellow discoloration. On returning it to the chemist, with the information of its impurity, we received the following note:

"DEAR SIR—We have your favor of this morning, in regard to chlorine found in chloroform, and for the same are much obliged, as it gives us some ground other than our own opinion for declining to make the article by the late improved process with sulphuric acid. We soon discovered that this change was likely to go on, but some of our customers wanting an article of this kind, (*i. e.* made by this process) particularly, we were induced to adopt the improvement."

This chloroform bleached moist litmus paper rapidly, first reddening it. The acidity is due to hydrochloric acid, generated from the chlorine and moisture adhering to the chloroform operated on by light. Mr. Abraham, in a paper on this subject, has arrived at similar conclusions.—EDITOR.]

Cases of Asthma successfully treated by Nitric Acid.

BY T. S. HOPKINS, M. D., OF BETHEL, GLYNN COUNTY, GEORGIA.

The following five cases of asthma, cured by the use of nitric acid, have occurred in my practice since the summer of 1847. It is not my desire to attempt any explanation as to the *modus operandi* of this remedy in the above disease. Its beneficial effects were accidentally discovered, and, after a fair trial in five consecutive cases, with the most entire success, I am induced to bring it to the notice of the profession, trusting that in other hands than my own it may prove a potent agent for the relief of a disease which so often resists the best-directed treatment. Several of these cases were from twenty-five to thirty-five miles distant from my office. Most of them were not seen by me from the time of my first visit and prescription until a cure had been effected. I describe them as I found them at the time of my visit, and from the history given by parents and masters, which I think can be depended upon.

CASE I.—Emma, negro girl, aged five years, belonging to Mr. T. G., had been asthmatic *almost* from birth. Nightly paroxysms of dyspnoea, cough, &c., were represented as most distressing. During the day, she would be up and about the yard with the other children. At the time that I saw her, her respiration was somewhat embarrassed, with slight elevation of the shoulders daring inspiration, and a very distinct mucous r  le. Her appetite was impaired, and her countenance cheerless.

I ordered nitric acid, three drops, to be increased to five, three times daily, in a wineglassful of sugared water. A month elapsed before I again saw this patient, at which time every symptom of disease had disappeared. I prescribed for her in December 1847, and up to date no symptom of asthma has returned.

CASE II.—I was called in November 1848, to see W. S., aged about six years, son of a planter of Glynn county. I was informed that this boy had been a subject of asthma for four or five years; that no expense had been spared in seeking for relief in his case; and that all the efforts of the best physicians in the neighborhood in which he had resided, had been in vain. When I saw him, he had cough, slight dyspnoea, with mucous r  le distinctly audible at the distance of several feet. By walking up and down the steps of the house, once or twice, the difficulty of breathing and cough would be much increased. He was very lively and cheerful, with a good appetite, and had had no fever for months. His father informed me that, upon the least *exposure* during the day, he would be attacked at night with the most

fearful symptoms. Wheezing, panting, incessant cough, distressing dyspnoea, with impending suffocation, were the inevitable consequences (at night) of exposure during the day.

I ordered nitric acid, five drops, three times daily, in a wineglass of sugared water, with a strict avoidance of exposure.

In a fortnight, he had been so much relieved that his parents imagined him cured, and discontinued the acid. In a few days he relapsed, and I was again sent for. I ordered the acid to be continued, as before, and in one month from the time of my first visit he was *cured*.

Up to date there has been no return of disease.

This boy's father died of phthisis pulmonalis. Several of his mother's family have died of the same disease; and all of his brothers and sisters, without an exception, have in early childhood been sufferers from enlargement of tonsils and ulcerated sore throat. He is now the picture of health.

CASE III.—A mulatto girl, belonging to Mr. W. D. T., aged four years. This was a case of congenital asthma.

The symptoms in this and the following case (aged about four years) were so similar to those of Case I. that I shall not describe them.

The treatment was nitric acid, three drops three times daily in a wineglass of sugared water.

This case resisted the treatment rather longer than the other cases, but was *cured* in about six weeks.

In CASE IV., the immediate effects of the acid were perceived in a few days; and in eight or ten days she was cured.

CASE V.—I never saw. It was a negro girl belonging to Mr. C. of Camden county. She was seven years of age. Her master applied to me for a prescription, after giving some of the most prominent symptoms, which convinced me that the case was asthma, as he declared it to be.

I prescribed five drops of nitric acid three times daily.

I heard nothing more of this case for several months after I had prescribed, when I was informed by her master that she was well.

A sufficient time has elapsed, in all these cases, to convince me that they have been radically cured.

Should you deem the above remarks and cases worthy a place in your valuable journal, you will please to insert them. It is at least something *new* in the treatment of asthma.—*Amer. Jour. Med. Science.*

The "Mange" communicated to three Persons by a Pig.

REPORTED BY H. R. CASEY, M. D., OF COLUMBIA COUNTY, GEORGIA.

I will give you the particulars of a conversation held a few days since with a gentleman of this county, and if the deduction I have drawn from the facts as reported is correct, we have presented to us (so far at least as my observation extends) a new disease of the cutaneous system—one hitherto undescribed by dermatologists.

Mr. S. asked me "if I had ever known a man to have the mange?" To which I gave a negative reply: having always understood that it was a disease peculiar to the quadruped. He then asked me "if I thought it possible for a man to catch it from a hog?" I replied, that there are a great many things regarded as impossible, which are not found to be so when subjected to the test—and that this might be one of the cases. He then proceeded to give me the following particulars:

He states that about the 1st of May last, having a pig badly diseased with the mange, and being desirous to cure him, he had some soap and water got and went to work on him with his hands—and that after giving him a good washing, he stripped him almost of his entire *external* with his nails. That he was entirely well at this time; but that in about three hours thereafter, he felt an itching on his hands and wrists, and an eruption which commenced spreading upwards; that about the same time his ankles began to itch him and the eruption there made its appearance, which also spread upwards and met the eruption from above at the half-way house—the umbilicus; that it reached its height in about two weeks; that the eruption was characterized by great heat and intolerable itching, composed of small vesicles, which, though not confluent, stood close together over his entire tegumentary tissue. Thus was he at the time of his commencement with the ablution—a sound and healthy man—but in a very short time thereafter, he was transformed into a Lazarus. He thought he had contracted his disease from the pig, and went to work to cure himself, using first the soap and water. This not benefitting him, he was bled and took salts. This failing, he tried *pot-liquor*—then the grease from fried bacon—then a solution of blue-stone. He does not think that any of the means used had any control whatever over the disease, but that it seemed to pursue its course, knowing no conqueror, until it finally wore itself out in about five weeks.

Now, from the above narrative, I can but infer that the disease in question was one identical with the mange, and that it was communicated from the quadruped to the man. And I am further strengthened in this view of the case, from the fact—that a female and the negro boy who held the pig while being subjected to treatment, became in like manner affected. The view I have taken of this case, I know to be in direct conflict with the long-established dogmas of the veterinary school, but I think I am sustained in my position from the facts of the case—and "facts are stubborn things." By reference to the "*History of the Horse*," I find the following language. The author, in speaking of the contagiousness of the mange, goes on to say—"If the same brush or curry-comb be used on all the horses, the propagation of mange is assured; and horses feeding in the same pasture with mangy ones, rarely escape, from the propensity they have to nibble one another. Mange in cattle has been propagated to the horse—and from the horse to cattle—but there is no authenticated instance of the same disease being communicated from the dog to the horse. There is as much difference in the character and eruption of mange in the horse and dog, as between either of them and the itch in the human subject; and the itch has never been communicated to the quadruped, *nor the mange of the quadruped to the human being.*"

My only reply to the above quotation, is the presentation of the case related; and if I am not sustained in my corollary from the facts of the case, this article will go for nothing. I pretend to no familiarity with cutaneous diseases; but if I were called upon to classify the mange, I should locate it in the group *dermatoses scabienses* of Wilson, not only from the pathology, but also from the therapeia of the disease; for I find sulphur the anchor of safety to the veterinary surgeon. Nor do I think there is anything very strange in all this; and the only reason why we have never before had the mange communicated to man arises simply, I think, from the fact, that in all probability more caution has hitherto been experienced than was in the case before us. We have examples of other diseases occurring in the human subject, the result of propagation from the lower order of animals. In the *Revue Médicale* of July 1845, we have detailed a case of an officer who took the glanders and farcy from a horse, and in which experiments were made by M. Andouard, to test the contagiousness of the human fluid introduced into other animals—the results of which experiments went to prove that the disease was not only communicable to man from the horse, but that the disease was again transmissible from the human subject to the quadruped. In the *Southern Medical and Surgical Journal*, November 1847, we have a case of glanders in the human subject, derived from the horse, reported as occurring in your own city. Other diseases might be mentioned occurring in the great paragon of animals, communicated from the lower order; but I have already spun out this article to a greater length than was designed at its commencement, and will conclude by merely advising those persons who may have to treat the mange in stock to touch it lightly, and never make a curry-comb of their hands; to which injunction I know my friend F. will say, Amen.

[*South. Med. and Surg. Journal.*]

Remedy for Quackery.

In the October number of the *New Hampshire Journal of Medicine* is an article by Dr. Garland on a proposed "*Remedy for Quackery.*" It is decidedly our opinion, that if the measure were adopted which is recommended by the writer of the article in question, the profession might be most emphatically placed in the same category with the class of whom they complain. Oftentimes, no doubt, when the minds of our patients are diseased, the exhibition of a *placebo* is attended with better effect than that of remedies more potent; yet to make a general practice of giving pleasant or inert preparations in form of medicines, because the patient wishes it, and would otherwise obtain that kind of remedies from the vaunting quack, would not speak well for the purity of medical science. If we wish people to free themselves from the abominable habit of continually taking something in the shape of medicine, and particularly from those whose only claim to medical skill is their own boasting, we should endeavor to enlighten our patients, by explaining to them the laws which govern life, and

so much of pathology as would intimidate them from using remedies intended to *cure a multiplicity of diseases*. "A little learning" is not always "a dangerous thing." It was said of Frère Jacques, the *natural cutter for stone in the bladder*, that when the anatomy of the parts was taught him, he saw at once the danger to which his patients had been exposed, and was deterred from performing lithotomy ever afterwards. He had not the moral courage to attempt an operation when fully informed of the danger to the life of his patient, though previously he had done so with the utmost *sang-froid* and with average success, exciting the astonishment and admiration of the crowned heads and many of the surgeons of Europe. In our own day are some who ranked, until a certain period, as the very best in diagnosis and prognosis; but when the great continental pathologist gave a *key*, whereby functional and organic disturbance could easily and readily be detected by physical explorations, they were in a great measure despoiled of their *old tact* in detecting disease. The latter illustration may be considered irrelevant to the subject under discussion; yet it has a bearing upon it. We contend, that if our patients are taught a certain amount of knowledge respecting themselves, they will be less likely to attempt to *CURE* their own diseases, or place the least confidence in the boastful quack or his medicines. If we know the principles and practices of quackery to be fallacious and mercenary, would it be the part of wisdom in us to place ourselves on a level with quacks, by practising their schemes to get patients and make them take our medicines? There is a way to abate the evil complained of; the profession *themselves* are in a great measure to blame for its existence. When *they* possess the proper qualifications and take the right means to combat the *hydra monster*, their cause for complaint will be very much lessened.—*Boston Med. & Surg. Journal*.

Doctoring by the Year.

Some years since, it was my lot to reside, for a time, in a remote and frontier region of our country, and among a French population of some thousand of inhabitants, remarkable for their simplicity and primitive manners, and exceedingly ignorant upon almost all subjects, and especially so upon medical matters. Indeed there had never been a physician located among them previously to my arrival. About a year before I came into the country, it had been visited by a quack, who called himself Dr. L—y, and who contrived to obtain for himself a considerable practice, and for a short time quite a reputation. From all I could learn of him he was in the habit of using but two remedies, tartar emetic and blisters. It was said that he had obtained the antimony and cantharides from the wreck of a vessel on the coast—these two articles being almost the only ones saved from it. Be that as it may, he soon obtained practice with them, and was employed by several families to attend them by the year. A simple-minded Frenchman, in moderate circumstances, from whom I obtained the following

account, told me that he thought he would also try the doctor for a year, and accordingly made a bargain with him to that effect. At the expiration of that time the doctor called for his money, which our friend Jose tendered him according to agreement, but at the same time remarked, that it was rather hard to be obliged to pay it, as neither himself or family had been sick. As, however, he felt very reluctant to pay out his money without receiving some benefit from it, he told the doctor he thought his system was in want of medicine; and on enquiry of the doctor as to his symptoms, he told him, that "somehow or other, he couldn't eat as much as usual, felt unusually sleepy at times," and requested the doctor to feel his pulse, look at his tongue, &c. The doctor, after examining into the case, prescribed for him about twenty powders of tartar emetic, four grains each, and told him to begin next morning with the powders, taking them at intervals of a few minutes; but that as it was necessary to take away all his bile, he must assist the vomiting by large draughts of warm water, so as to scour all out and make a clean house of it. Jose therefore went to work the next day, by heating two huge brass kettles of water—said kettles being generally used for scalding hogs. The water being ready, he then set to work in earnest with the powders, taking them in rapid succession. They soon produced severe vomiting. Jose drinking, at the same time, enormous quantities of warm water, till he had used up nearly all in the kettles. By this time, he was so prostrated with almost incessant vomiting, that his friends became alarmed, and sent for the doctor. He instantly applied a blister, of vast size, covering almost the whole of the abdomen. On calling to see him next day, he found Jose propped up in bed, and looking quite pale and interesting. Under the blistered cuticle, was an immense collection of serum, laying like a great bag on his belly. He asked Jose if he was not now convinced that he had got rid of his bile, and got the worth of his money, or if he wanted some more medicine? "Ah, mon dieu," says Jose, holding up his hands, "I want no more dam medicine, nevare. I am perfectly satisfied!"—*Exchange paper.*

BATHING.

A writer in the Boston Medical and Surgical Journal utters the opinion that "once a week is often enough to bathe the whole body for the purpose of luxury or cleanliness. Beyond this we consider bathing as injurious. Flannel worn next to the skin at all seasons is proper, and infinitely more healthful than all the daily baths now so fashionable." The argument by which this opinion is supported is as follows:

"The oil which is secreted by the sebaceous glands of the skin serves the purpose of lubricating its surface. Now, if this secretion is con-

stantly removed as fast as exuded, its destined object is thereby defeated. The excretory ducts of the perspiratory glands themselves require this unctuous matter of the skin to keep them in action. If very frequent bathing of the body is practised, it must be obvious that this matter cannot be long present to perform its office. As to the assimilations of functions of the skin and lungs, it will be apparent that when the skin acts imperfectly, or ceases to act at all, the lungs have an extra amount of duty to perform; and it is generally in just such cases that engorgement of them takes place, constituting inflammation or pneumonia."

Transactions of the American Medical Association—Vols. I. and II.

The October number of the *British and Foreign Medico-Chirurgical Review* devotes eleven pages to these two volumes, and, as might have been expected, handles them in rather a *cool* manner. The following is the commencement of the review :

"These 'Transactions' are the chronicles of the proceedings of the first two annual meetings of the American medical association, forming two goodly volumes, the contents of which have little resemblance to those bearing a similar title in this country. It is true, the advancement of medical science is the ultimate object of publication in both cases; but the efforts of our trans-atlantic brethren to this end are as yet but in a comparatively early stage of development. In a country in which medical education, practice and literature are in so inferior a condition as they at present hold in the United States, the earliest efforts of the lovers of science must necessarily be employed in examining the cause of, and devising the remedies for, so lamentable a state of things. This work the association has undertaken with courage and ability; and a large portion of the present volumes is taken up with an account of the results of their enquiries, and a detail of their suggestions. Already the National medical convention, which organized the present medical association, had published a code of medical ethics, which met with much approbation both in America and Europe, and formed a fitting preliminary to more extended operations. The association is composed of delegates of medical societies, colleges, hospitals, lunatic asylums, and other institutions from all parts of the Union, and holds its meetings at different cities in succession, after the manner of the British association for the advancement of science. The two meetings which have taken place at Baltimore and Boston were attended by several hundreds, comprising a great number of professional names of eminence. The two volumes now before us, containing an account of their proceedings, are chiefly filled with reports given in by the respective committees upon the present condition and future prospects of the profession, and upon the progress of medical science. Some of these are well deserving of notice."

Then the "report of the committee on medical education" is noticed, and the defects of our whole system of teaching and licensing are very justly exposed. The opinion of the committee, "that most of our physicians are fully equal, and in many respects far superior, to the general practitioners of England," is flatly denied.

A long notice of the "report on medical literature," then follows. The envy of our ability to diffuse all sorts of literature, and make *republications* of foreign works, at a much cheaper rate than the English can, is palpable; and the reviewer, of course, congratulates himself upon the petitioning of Congress to pass an international copyright act, by our association.

After noticing and extracting from several of the practical reports of the committees, the review closes thus:

"In concluding our notice of these volumes, although approving of the general tone and spirit (save as to the exceptions we have mentioned) which have prevailed among those engaged in assembling the materials, we must be allowed to observe, that, if the medical association is ambitious of assuming a position among the various scientific bodies that issue their memoirs and transactions in Europe, a very different class of literary productions must be looked for at their hands. They must not content themselves with merely recapitulating in reports and retrospects what has already been published—a work that might be accomplished by a far less massive organization—but must themselves largely contribute to the general stock the results of experience and the fruits of meditation."

LUNATIC ASYLUMS OF VIRGINIA.

By the executive reports from these institutions, it appears that "they have never exhibited a more gratifying aspect to the friends of humanity than at present." The reports of the physicians contain many interesting tables of physiological and other facts, but our room will only allow us to make the following extracts:

"The number of patients who have been inmates of the Eastern Lunatic Asylum since the 30th of September 1849, is two hundred and thirty-four. Of these, one hundred and forty-five were males and eighty-nine females.

"The number of patients on the 1st of October 1849, was one hundred and eighty-one, viz: one hundred and seven males and seventy-four females.

"Since the 30th of September 1849, fifty-three have been received; thirty-eight of these were males and fifteen females.

"The number of discharges is eighteen, viz: eleven males and seven females. One male patient eloped.

"The number of deaths is twenty-two, eighteen males and four females.

"The number of patients at present is one hundred and ninety-three, viz: one hundred and fifteen males and seventy-eight females."

Civil Condition of Patients in the Asylum from January 1st, 1847, to October 1st, 1850.

			Males.		Females.		Total.
Single,	-	-	121	-	50	-	171
Married,	-	-	59	-	64	-	123
Widows,	-	-	0	-	16	-	16
Widowers,	-	-	9	-	0	-	9

Ages of Patients in the Asylum September 30, 1850.

			Males.		Females.		Total.
Below 20 years,	-		2	-	3	-	5
From 20 to 30 years,			28	-	6	-	34
30 to 40 "	-		26	-	16	-	42
40 to 50 "	-		28	-	32	-	60
50 to 60 "	-		17	-	16	-	33
60 to 70 "	-		14	-	3	-	17
70 to 80 "	-		0	-	2	-	2
			<u>115</u>		<u>78</u>		<u>193</u>

WESTERN ASYLUM AT STAUNTON, VA.

Within the year just closed, there have been accommodated in the asylum three hundred and forty-eight patients, of whom two hundred and one were males and one hundred and forty-seven females. Of these, two hundred and sixteen occupied apartments here at the commencement of the year, viz: One hundred and twenty-one males and ninety-five females. One hundred and thirty-two were admitted during the year, of whom eighty were males and fifty-two females.

Within the same period there were discharged,	-	73
Of these, had recovered,	-	45
" " were much improved,	-	4
" " " improved,	-	2
" " " unimproved,	-	2
" " eloped,	-	1
" " died,	-	19
	-	<u>73</u>

Table shewing the Civil Condition of Patients who have been in the Asylum during the year.

			Males.	Females.	Total.
Married,	-	-	63	58	121
Single,	-	-	123	72	195
Widows,	-	-	0	16	16
Widowers,	-	-	7	0	7
Unascertained,	-	-	8	1	9
			<hr/>	<hr/>	<hr/>
			201	147	348
			<hr/>	<hr/>	<hr/>

PENITENTIARY OF VIRGINIA.

It appears by the annual report of the surgeon of this institution, that during the twelve months, ending October 1st, 1850, there have been treated 515 cases of 71 diseases, injuries, &c.—of these, 110 were of diarrhoea, 54 biliary derangement, etc.

Of these cases 22 were fatal—9 consumption—6 scrofula—4 bowel complaints—2 typhoid fever and dropsy—1 tetanus.

Death has made sad ravages with the medical profession in California. During a fortnight, the following physicians were swept off by cholera: Drs. Cobb, Whitlock, Noble, Mason, Yearly, Robert McNamer, Green, Stansbury, Holmes, Metcalf, H. P. Hess, G. W. Held, and Barnes.—*Newspaper.*

TO CORRESPONDENTS.

Articles intended for publication should be received by the 10th of the month, at least, and *must only be written on one side of the page*. As printers are unacquainted with the technical language of medical men, it is very desirable that the manuscript should be clear, written out fully in a legible hand, and proper names ought to be in square letters.

Correspondents will always send their names to the editor; when it is desirable they will be kept strictly confidential. Any disposition will be made of manuscripts desired by the author.

The short time in which we had to establish this journal rendered a circular necessary. In sending out these circulars, the postage of many of them was not paid, and for fear that it may have given umbrage to others—as we know it has to *two*—the editor feels it due to himself to explain why the postage of all was not paid. In the first place, he was embarking in an enterprise of great interest to every member of the profession, and one in which *he* only could be the loser. The pittance on each circular could not be felt by any physician, but the postage on them all would have amounted to \$100. This, though a most useless and heavy expense, would have been incurred, had there been a certainty that his directions were correct. But of the list of some 2000 or 3000 names which we obtained, there were only a very small number with the post offices attached; many of the names were of persons not belonging to the profession, of dead men, or those who had removed; generally only the county was put down. Whenever it could be done, the budgets for the counties were sent by private hands, or given to a countryman for direction, and they found their way into the mail. *Two* only of the 2000 have not been deemed worthy of their postage; and—particularly when the above reasons are taken into consideration—we hope there are no others who can blame us for not having paid postage on letters which we were not sure would ever get farther than to a county C. H. post office. Should there be, however, we will anxiously wait an opportunity of repaying them the half-dime grievance, with full and liberal interest.

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THE



AND

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No. 2.]

RICHMOND, FEBRUARY 1851.

[Vol. I.]

An Abstract of an Essay on Congestive Fever.

BY A. T. B. MERRITT, M. D., OF RICHMOND.

[Read before the Medical Society of Virginia, December 1850.]

After a medico-topographical outline of some sections of our country, and some general pathological remarks—

Dr. MERRITT proceeded to say, that the most malignant and unmanageable forms of “congestive fever,” improperly so called, which had fallen under his notice and treatment, had been presented to him in Eastern Virginia, during several years, in great abundance and as an epidemic. As a general rule, it is true the tendency of all diseases is to run their course more rapidly in more Southern climates, and therefore no time can safely be lost in administering our remedies; but I have seen at times equal rapidity in their progress in our section of the Union. At the South, our remedial agencies seem to be followed by as prompt relief as in Virginia, and perhaps recoveries are more rapid, and as entire and satisfactory.

I will not detain you by dwelling on the different phases of miasmatic or bilious fever; or distinguish very critically between its intermittent, remittent, or congestive varieties; or speak at length of its malignant, yellow or icteroid form, or its too common typhoid degeneration, nearly always arising from neglect or maltreatment. I will make no distinction as to the simple or excitve, the inflammatory and congestive varieties of each of these specified fevers, or their degrees of violence, but proceed to describe the congestive fever, very incorrectly so termed, as I have often seen it prevailing extensively for years together, and attacking large numbers of all ages and conditions, and following frequently distinctly marked cases of each of these forms of fever.

I have often used the term “congestive,” as applied to this fever, which, in different parts of our country, is called by a great variety of names—as cold fever, cold plague, cold chill, congestive chill, congestive fever, pernicious fever, typhus fever, typhoid fever, and many

other names, or rather misnomers. Most of these synonyms seem to me to be singularly inappropriate, founded on no sound pathological views, and to be in fact medico-philological solecisms. Is not the very term *congestive fever*, as thus applied, an absurdity? Congestion is a symptom of morbid action, confined to no class of diseases, and takes place at the close of many, perhaps nearly all, diseases affecting our general system. I have no strong repugnance to using the expression, *congestive state* of bilious or any other fever, to designate the presence of extensive congestion in such fever. In our fever, as well as in cholera, it is true, there seems to be a great tendency to congestion; and whenever it does occur in either, it is indeed "*congestion in earnest*." I have often been struck with the close analogy which seems to exist in very bad cases of each of these diseases, presenting many morbid phenomena, nearly allied, I have no doubt, in their nature, as well as in appearances. Some subtile atmospheric degeneration, however produced—some diffusive, penetrating malarial poison, however generated and composed, acting on our constitution generally, seems to spend its chief force on the vital and natural organs, leaving less implicated the animal functions. We may therefore safely conclude that the nervous system and its dependencies, in both of these diseases, feel the *chief force* or impetus of the morbid causes, and the other systems of our organism becoming involved, are at last overwhelmed in one common ruin, with symptoms, if not identical, at least closely allied and nearly analagous to each other.

But I have expressed the opinion, that congestion is *only* a symptom of disease, and not the disease itself—and very often not an essential part or condition in which the other symptoms have their origin, and from which the greatest danger is to be apprehended. The opposite opinion has led to many views that are unsound in pathology and unsafe in practice. That temporising treatment of any disease, which looks to the relief of symptoms, must in the main be quite unsatisfactory to the enlightened physician, and lead to great want of success at the bedside. The leading *secret* of successful practice is an unfearing and sturdy grapple with the disease itself, and as little remedial application merely to its signs, or its symptoms, as is consistent with the quiet and comfort of suffering humanity. We may rest assured, that in medicine, as in every thing else, the old and long-established maxim—"sublata causa, tollitur effectus," as soon as we remove the cause, the effect and symptoms will cease, is true; and that in medicine especially it is a maxim of inestimable value, and ought to be a cardinal rule with every sound and enlightened physician.

I do not believe that congestion in this fever is the chief or principal source of danger. I suppose it will be conceded on all hands, that it is a venous congestion, and this we constantly meet with in many other diseases, with no fatal results. We see it in syncope, in concussion of the brain, in severe surgical operations and violent injuries, and in every accident and disease inflicting a severe and decided shock on the nervous system; yet in all these cases it is not the congestion, but the great prostration of nervous power, we fear. We rarely find on autopsical examination in fatal cases, congestion enough

in any organ to account for fatal results, either in such cases, or in the disease under consideration.

I cannot attribute to inflammation and its consequences much of the danger and fatality of our disease. I do not for one moment believe that we would observe in purely inflammatory diseases such marked and distinct periodicity, and such obvious and decided intermissions and remissions. I cannot suppose that a degree of inflammatory action, sufficiently high to lead to a fatal termination, can be so far overcome and extinguished as to be nearly imperceptible to *our senses*, and the feelings of the sufferers themselves for hours, and then be re-established and rage for a short time, and disappear again of itself. I cannot believe that inflammation can be thus formed and become dormant, and then be rekindled for days, and finally removed by a dose of medicine, and a few grains of quinine. The very supposition is almost monstrous, and *post mortem* examinations in most cases display little or no inflammation. If these views be at all correct, they are the mere attendants of the disease in some cases, and not the sources of danger and death—the mere casual appendages, and not the disease itself.

I believe our disease is primarily and essentially seated in the nervous system; but here it cannot remain long to any extent, without necessarily extending itself, and diffusing its deleterious influences to other systems, and different organs, to the fluids as well as the solids. But to the nervous system we must look for the source of symptoms and danger. On it the malarial poison makes its first impression, and produces a prostration of the nervous power to a greater or less degree. The nervous power being diminished or prostrated by this morbid impression, we must look in the first place for its effects on the organic functions, and we soon find them involved in many abnormal and irregular actions. The nervous fluid or power being supplied in smaller and lessened quantity or force, we perceive a want of action in the capillaries and extreme blood vessels, and coldness on the surface. The extreme blood vessels seem to collapse, because they circulate now little blood, and do not receive their due proportion of nervous influence, which is necessary to this as well as every other part of our organism, for the easy and normal performance of its functions. The blood enters these extreme arteries on the surface, now in an enfeebled condition, with great difficulty, and circulates through them with a slow and obstructed progress. Hence we observe much shrinking, contraction and paleness on the surface; and when the blood which passes on reaches the veins, it is there congested or stagnates, and produces the lividness, and finally, in extreme cases of this disease and cholera, the cyanotic appearance so frequently observed. The want of due innervation at length becoming extreme, these vessels allow the watery or serous parts of the blood to escape from them, and we have copious and profuse sweats; and in cholera, from a similar and perhaps identical condition of the capillaries on the intestinal surface, the serous and other discharges, which we observe in that disease. The great coldness on the surface and in the breath arises from a deficient decarbonization and calorification of the blood

in the lungs, occasioned by the great general and local irregularity of the circulation.

The "function of respiration also suffers from the same deficiency of nervous influence;" and the circulation of the blood through the pulmonary arteries, being languid and slow, or impeded, the necessary changes for its purification do not take place. We therefore have very often great anxiety and oppression in the chest, difficulty of breathing, and deep and frequent sighing. The sickness of stomach and the incessant vomiting and purging must be attributed to the same causes, and we may have these symptoms prevailing to an almost insufferable extent. The distressing sensations experienced in syncope from loss of blood, and in a semi-paralyzed limb, are to be ascribed to a similar want of local innervation. Serous discharges from the bowels may be compared to profuse sweatings from the surface, being evidently analogous in their origin and nature. I will only notice, in addition to these symptoms in this place, the intense thirst and great internal heat of which the sick complain so much and so loudly. It is known to all physicians, that great and most distressing thirst prevails in every disease, and in every condition of disease, where the blood vessels in their capillary extremities are pretty well emptied of their blood, whether this emptiness be brought on by direct loss of blood, or the usual course of this or other diseases. The very frequent sensation of internal and the more rare sensation of external heat, are only examples of deranged sensibility arising from the irregular and anomalous actions of the nervous system from imperfect and deficient innervation.

The heart, pulmonary and systemic capillaries, thus suffering from a deficiency of nervous supply, arising from the prostration, in a greater or less degree, of the whole nervous system, we have, of course, accumulations or congestions of blood in the veins and great internal organs, and especially those connected with the portal circulation.

This state, modification or species of miasmatic fever often presents itself under the intermittent, remittent, and less frequently, the continued variety. But in such cases as appear to be continued in the commencement, the patients surviving, and the disease being partially or wholly unchecked for two or three days, an intermittent or remittent garb is generally assumed, and we have quotidian, but oftener tertian or double tertian paroxysms, the alternate paroxysms being alike, and occurring frequently at different hours of the day, and with varying relative severity. It presents very different and proteiform phenomena, depending in a great degree on the direction of its chief attack. I have already said the organic functions were in many cases especially affected, but in not a few subjects the animal seem to be chiefly implicated. In the former, we trace the leading evidences of disease in the organs of digestion, respiration, secretion and circulation; and in the latter, the brain and muscular system are the prominent sufferers. We also find different symptoms more obvious and prominent, as this or that organ has the chief impetus of the morbid cause directed against it.

The attack is usually preceded by feelings of languor and indisposition, giddiness or headache, and pain in the back, but at times it is

very sudden, and gives little warning of its approach. It may occur at any time of the day, or in the night; and it may present its severer characters at once, or differ in little or no respect from ordinary miasmatic fevers for days, if, indeed, it is at all different. In particular years, I have seen nearly every case of fever, when neglected or mismanaged, shew a most decided tendency to run rapidly into the form of fever now under discussion; and I verily believe I have seen more cases of it at times, brought on in this way, than by the force of the morbid causes.

A chilly fit or paroxysm, differing in no sensible character from an ordinary intermittent or remittent, often ushers in this disease. The pains in the head, back and limbs; the frequency, irregularity, and often the weakness of the pulse; flushes of heat and cold, alternating with slight outbreaks of perspiration; copious discharges of limpid urine; slight nausea, and a dull, constricted, inelastic and harsh feeling of the surface, continue sometimes for hours, when they are followed by a re-action or fever more or less complete. This re-action is, however, often short in its duration, and followed by considerable relief from these symptoms. This respite lasts generally till the next day, or the disease may assume the tertian form, when these paroxysmic symptoms re-appear, and are more severe, and followed by more dangerous phenomena; or these phenomena may be postponed till the disease has continued for several days. In many cases, the re-action is never complete, unless aided by medicine, but the conservative powers of nature continue their efforts, as if they desired a full development of open fever. The symptoms, when this imperfect re-action and ataxic state are removed, and the disease fully formed, displaying in the organic functions its principal power, may now be succinctly detailed. They of course do not all present themselves at the same time, or in one and the same case, but are generally to be observed during its progress more or less in every attack.

The pulse, though sometimes strong, frequent, laboring and irregular, is generally quite small, quick, feeble, frequent and irregular, and not unfrequently fluttering, thread-like and intermitting. The number of pulsations in a minute vary from 110 to 160, or even more, and of course incalculable, though I have seen the pulse very weak, feeble and fluttering, and not frequent in a few cases. In a few cases it is not to be felt at all at the wrists, while the heart and carotid arteries beat rather violently. During the partial intermission or remission, the number of pulsations is lessened, and the volume and force of the arteries increased; but unless we now resort to prompt remedies, in order to avert the next paroxysm, the pulse each time becomes more frequent, feeble and irregular, until it entirely disappears.

The stomach is often extremely irritable, and throws up everything which is swallowed, very soon after it reaches its cavity. This is a most distressing symptom; and the vomiting being often very violent, with much retching, is accompanied by great tenderness and sometimes pain in the epigastric region. The matter thrown up is sometimes bilious, but oftener what has been swallowed, or a mucous or muco-serous fluid, occasionally tinged with blood. The bowels are

generally, but by no means always, confined, and when moved, their contents appear unhealthy and offensive, but are sometimes watery and tinged with blood, fetid, and resemble the water in which fresh meat has been washed. The respiration is very much altered, and accompanied by continued sighing in many cases. It is often "hurried, irregular and panting," and the patient complains of much "difficulty in getting his breath," and requires constant fanning, and desires every moment the accession of fresh air. Towards the close of the disease, the number of inspirations is generally greatly increased, but I have seen it in a few cases much diminished. The tongue is sometimes nearly natural in appearance, but it very seldom remains so long. At other times it is pale, cold, and covered with a whitish coat, which frequently becomes much thicker and darker, and brown, or brownish in the middle or over its whole dorsum. The mouth soon becomes full of a thick, tenacious secretion, and the teeth covered over with a dark sordes. The tongue and mouth, however, often become very dry, and sometimes quite red and glazed, many papillæ appearing on the surface of the former in the last stage of the disease. The skin presents in many cases a most marked aspect. The hands, feet and face are pale; the features sharp and shrunk, strongly expressive of uneasiness and alarm, which the patient does not appear really to feel. The eyes are bright, and sometimes very clear and brilliant, but after a while seem to sink in their sockets. Their membranes are sometimes slightly inflamed, secrete a thin fluid, and at last throw off a thick purulent matter, rather copiously. I have, in two cases, seen the whole eye altered in color, and the humors very opaque and milk-like in their appearance, accompanied by total blindness, and a dead and shrunken appearance of the balls for several days. I feared at the time one of these patients, a little boy, would never recover his sight; but his eyes, at once so discolored and collapsed, were at length fully restored. The general surface is cold and shrivelled, and after the sweating has continued for hours, the hands, feet and legs are like these parts in patients dying of cholera, or the hands and arms of a washer-woman. The patient, in this cold state, often complains of great and most distressing internal heat, and will bear no bed clothes. The thirst is a most striking symptom, and often very oppressive. The patient is continually *crying out* for water, and can never be satisfied, and whatever he swallows is returned very soon, even the little water from a melted pellet of ice. I have often been told by such sufferers, that they would swallow water, even if convinced it would kill them, so great and uncontrollable is the desire for it.

The secretions from the liver and kidneys are either very small, or suspended, and the same may be said of the secretions of the stomach and bowels in many cases. The hiccough is sometimes very distressing, and I have seen the patient nearly convulsed by it, the bed violently shaken, and heard it at a distance of 200 yards. Along with these symptoms we have many others, the most prominent of which are, great restlessness and constant jactitation, an inability to lie in the same posture a moment, continual change of position, a moving from

bed to bed, or from room to room, a perfect unconsciousness of danger; and when asked how he feels, the patient will often tell you "he is very well," and laugh at you when you tell him he is ill and must take medicine. The sick will at times walk about their rooms after they have lost their pulse, retaining in a great degree their muscular powers. The mind is often clear and unclouded nearly the whole course of the disease. While the skin is generally cold, there is often warmth about the forehead, breast, stomach and heart, and in some cases I have observed spasms in the thighs and legs. Deafness and hæmorrhages are not uncommon, and general convulsions have occasionally occurred.

When the disease directs its chief force to the animal functions we have a different set of phenomena. Perhaps a slight chill is succeeded by drowsiness, the patient becoming in a short time comatose, and then stupid, so that he cannot be roused. The breathing is slow and stertorous; the pulse is usually full and accelerated in some degree, but sometimes very slow. In children this form of the disease is often accompanied by convulsions, and I have often, in adults, seen the comatose symptoms disappear in the remission and return with the paroxysm for several days. I might here add other symptoms, and trace those enumerated more fully, but perhaps I have said enough on this part of the subject.

I will now hasten to *the treatment* of this disease which I have found most successful. I can, perhaps, accomplish this object more clearly and satisfactorily, by giving a few cases, and their management, than in any other way, and conclude by some general remarks. Unfortunately for our profession, and more unfortunately for our patients, the ordinary treatment of febrile diseases is too often a temporising alleviation of symptoms, or a remedial address to the phenomena, and not to the disease itself. Let us recur to the treatment, for instance, of a well defined case of bilious fever, with distinct and well marked tertian paroxysms, as it is frequently seen, and we find decided heat on the surface, activity of the pulse, torpor in the secretory organs, and the usual febrile symptoms after a chill. We perhaps bleed, and give a mercurial cathartic, which brings off bilious discharges with much relief. The next exacerbation approaches, is rather milder, and a similar course is pursued, and attended by similar results. After several chills and fevers, the sulphate of quinine, or some tonic, is used, and the patient recovers, but is weak, emaciated, pale and anæmic in appearance, and we are told we were obliged to half kill our patient in order to cure him. This I have long considered one of the opprobria of medical science. But we have a more violent case, and after pursuing the above or some analogous practice for several days, it is true the fever is subdued, but too often the patient has departed with it. We look too much therapeutically to the symptoms, and use many other remedies in such cases, but our views of pathology are too confined, and our remedial applications quite too restricted. In the remission we have the most suitable time to combat the *disease*, and by such management we lose the first and most valuable moments, and our patients too often by such mis-

management become typhoid or die. Let us, therefore, examine well into the pathology of disease, analyse its ravages on all the different systems of our organism, address our remedies to the disease itself, and thus protect and save our patients, and adjust all the balances of the different organs.

Sept. 27th, 1832. I was called to see Mr. T. A., a wealthy and intelligent gentleman, of good constitution, and about thirty years of age. He had been sick about six days, and had taken several cathartics and other remedies. His face was pale and sharpened, his countenance anxious, his extremities cold, and his whole surface covered with a copious perspiration. The pulse was weak, small and irregular, and about 135 in the minute, with great sickness at the stomach and frequent vomiting of a muco-serous fluid. The headache, distressing at first, had disappeared; delirium last night; tongue covered with a thickish white coat; mouth and fauces dry; thirst insatiable; great restlessness; sighing and jactitation; hurried respiration; no sleep for several nights; shrivelled and corrugated skin on the extremities; heat on the forehead and epigastric region, and a deficient secretion of urine, were some of the other symptoms. The purgatives had produced debilitating, watery evacuations, with little or no bile, and he had been in this state of collapse some fifteen hours. This case I consider a very fair specimen of very numerous cases that occurred, which were generally followed by fatal results in two or three days, unless promptly treated and relieved. The indications of cure were here, according to my views, an alteration of the secretions of the stomach, bowels, liver and kidneys, a determination to the surface, and a protection against the next paroxysm. To accomplish these ends I gave him cal. 12 grains, opium $1\frac{1}{2}$ grain, and Dov. pow. 3 grains; applied a large blister plaster, six by eight inches, over the stomach, and ordered the free use of the sulphate of quinine in four hours. I desired the action of the medicine and plaster to begin to bring the system under their influence before the use of the quinine was commenced. In a few hours he was composed, the sweating nearly arrested, the thirst, sickness of the stomach, and other distressing symptoms gone, and he, to use his own expression, "never felt so much relief in so short a time." The quinine was given in large quantity or doses, and sinapisms, with some warm stimulating drink, administered before the time of the next paroxysm, the next day, wholly averted it. He recovered at once, without one untoward appearance, and has enjoyed fine health ever since this attack. Some weeks since, in a conversation with me, he alluded to this attack of disease, and spoke of his relief as almost immediate and most surprising.

Sept. 2, 1826. I saw in consultation Col. —, a strong, healthy and athletic man, about 32 years of age. He was very much in the same situation as the preceding patient; had been sick seven days, and the perspiration had continued some time longer. I recommended an immediate resort to the above course of treatment and decided stimulation. The delirium being considerable and having lasted for some time, fears were entertained of the use of opium and stimula-

tion. I urged the absolute necessity of bold measures to fortify the patient against the next paroxysm, under which I was sure he would irretrievably sink, if it approached before he was under the influence of this or some similar course. I could not prevail on him to use my remedies, and left. He used blisters, sinapisms and very mild tonics; and on the night of the 7th of September, I was called again to see this gentleman, and found him unprotected for the approaching paroxysm at 10 o'clock on the 8th, and now there was no time to accomplish his safety by these remedies. The paroxysm anticipated, and the patient never rallied, but died soon, presenting the wrinkled and blue appearance and copious perspiration of those who die of cholera. I have always thought that the same treatment, applied perseveringly and faithfully, would have been attended with the results of the first case. I am much strengthened in my opinion, by my general experience, that nearly all similar cases treated as I have suggested, recovered, and almost all of those which were not, resulted fatally.

Oct. 27, 1826. I was called as consulting physician to see Mr. —, a wealthy and most intelligent gentleman, about 26 years of age. He was very cold, with a weak, small, fluttering, and at times nearly imperceptible pulse, 147 or 148 in the minute. There was great coldness on the surface, with slight and unequal perspirations, confined mostly to the forehead; great restlessness and jactitation and thirst, hurried and sighing respiration, the tongue slightly furred and dry, the stomach extremely irritable, and rejecting everything, and much anxiety of countenance, and bright and brilliant eyes. He had been treated for several days by purgatives and the usual remedies. The purgatives had not brought away much bilious matter, but thin, watery and debilitating discharges. There was slight delirium, and he had been in his present condition twenty-four hours. The purgative plan had been continued to the time I saw him, and only two hours before he had taken a full dose of calomel. He was now using the close-stool every fifteen or twenty minutes, and all that passed from him was a small quantity of thick secretions very much resembling indigo mud, not exceeding a half teaspoonful at a time—and often nothing but flatus.

I suggested an entire change of treatment, and immediate resort to opiates, with extensive blisterings, sinapisms, and free and continued stimulation, and then tonics and alteratives. I remarked, that without improvement, life could last only 24 or 36 hours; that the plan of treatment now in trial had been urged sufficiently, and had made no salutary impression whatever on the disease, and would be fatal to a certainty if pursued any farther; and that the only hope of success arose from the opposite plan of treatment, suggested by me. After a long argument and animated discussion it was agreed, that I might try my treatment till morning, if I would stay all night with the patient. I immediately gave an opiate alone, as he had already taken a full dose of calomel, applied a very large blister and sinapisms, and commenced on moderate doses of quinine,—for I had not yet learned the value of large doses,—and the free use of old rum, three pints of which were given in 15 hours. In a few hours, he became more quiet;

had for three or four days no more motions from his bowels, and his pulse by morning was increased in volume, and reduced to 138 or 140 in the minute. This course of treatment was now continued, and he gradually improved, the paroxysms being each rather slighter than the preceding, and in four or five days, having thrown in, as I could see a safe opportunity, small doses of calomel or blue mass, with the opium and quinine, dark colored and satisfactory secretions were taking place in the bowels and liver, and warmth was restored to his surface. The improvement was now steady and uninterrupted, and no further difficulty occurred in this most awful case of "congestive fever." Similar cases were presented almost every day; and I will here remark, that although within my practice and observation in the earlier part of this sickly season, such cases were too often fatal, I found, on instituting the above specified treatment, little difficulty in controlling their violence or depriving them of their danger. Here permit me also to remark, that in many cases like the preceding, so prostrated were the powers of the system, and so low the action in the capillary vessels, that purgatives the most powerful, and even the most drastic combinations, repeated over and over, would produce no cathartic operations. However we may classify and arrange medicines, as cathartics, emetics or sudorifics, ample and abundant experience proves most clearly, that they act as such only in certain conditions of the animal economy; and we often find, especially in this congestive state of the system, and its cognate conditions, that these medicines will not act in accordance with this arrangement and classification. The vital energies are so low, and the action of the capillary vessels of the skin, and secretory surface of the stomach, and intestinal canal, and the glandular apparatus of the liver, and other abdominal viscera so prostrated by the malarial poison, that these remedies lose their usual and appropriate force. Many articles of the *materia medica*, in large and repeated doses, and in powerful combinations, fail wholly to produce their usual effects in this abnormal condition; blisters and sinapisms are unnoticed by the sick, mercurials cease to salivate, emetics compose the stomach, and purgatives are followed by no action from the bowels. These things were very common within my notice. But when this state of disarray and disaster did occur, it could be very easily removed generally by a change of remedial strategy. The opium and mercurials, the sulphate of quinine and stimulants, the sinapisms and blisters, *combined and used contemporaneously and perseveringly*, as I have recommended, nearly always, even in very bad cases, would rouse up and increase the nervous energy, sheath and shield the nervous system from further morbid action, determine to the surface, and alter and restore all the secretions; and in most cases a thick and consistent, and frequently a dark and tar-like and copious secretion from the bowels, a sure harbinger of safety and recovery, would ensue in 18 or 36 hours. I did not rely on these remedies *separately*, for they would thus surely fail very often. The opium and mercurials, and other remedies, will bring on temporary relief and warmth, and improve the action on the surface, but without the blisters and sinapisms we had no guaranty of their remaining. The blisters,

sinapisms and diffusible stimulants would produce warmth and transient reaction; but without the opium, calomel and quinine, we had no surety that innervation would become regular and normal, the secretions be restored, and all these changes and this improvement remain. I am aware much is gained by any of these remedies *separately*, but to fail in applying the others is to encounter danger, and often death, most *unnecessarily* and *reprehensibly*.

Sept. 18th, 1832. I was called to attend Mr. B. M., about 10 o'clock at night, a strong, healthy and muscular man, who had been nine days under the management of a Thompsonian. He was in a state of collapse, and had rested none for nine days and nights. His sweating, thirst and restlessness were extreme. He was lying with his head and shoulders about the middle of his bed, and his buttocks and lower extremities in chairs, with a servant fanning him. His breathing was hurried, sighing and short, his surface and extremities cold, tongue brownish and dry, his skin seemed corrugated and closely stuck to the bones at the wrists. He was so restless, that he would move from his bed to the floor, and roll over it, and was talking, calling and groaning all night. He had been under the influence of Thompsonian remedies nine days, and had a chill or exacerbation daily. I gave him at once a full dose of opium, mild chloride of mercury, and Dover's powder, and ordered him to be placed in bed, and everything to be kept quiet, so that he should by no means be disturbed under the first influence of the opium. I also applied a very large blister to his epigastrium, and ordered large doses of quinine at 4 or 5 o'clock, and sooner if he should be awake. He rested so well, that his wife informed me she approached his bed three times very quietly during the night, and placed her ear to his mouth, to see if he was breathing. He was so very still, she feared he was dead. The quinine prevented any more chills; but on the evening of the 19th he had a considerable reaction. I moved his bowels with an enema, the stool being large, dark and thick. At bed-time I repeated the anodyne mercurial, and ordered the quinine freely next morning. The reaction was now decided, and rather high, and I repeated the opium and calomel and Dover's powder for two nights, and continued to give the sulph. of quinine to destroy all the remains of periodicity. His convalescence was now rapid, and his recovery complete.

In August 1829, Mr. M. was thrown from his sulky, and had both bones of his leg broken. I was his physician, but being on a visit to Southampton court, or at least out of my range of practice, Dr. B. was called to see him. He set his leg and bled him, and used freely cold water to his limb, and administered saline cathartics, and managed his case for two or three weeks. He was in a paludal district, with a highly miasmatic atmosphere, and was attacked with the autumnal fever. Finding his case becoming very critical, he was moved to his own residence, and I was called to see him on the 5th of September. He was cool, and his pulse weak, frequent and fretful, his alvine evacuations thin and watery, and his condition verging rapidly to congestion and collapse. I proposed at once to give quinine and my usual remedies. No objection was made by Dr. B., and I left

the patient, fully persuaded all things would soon be right. On my next visit I found, instead of the course suggested, which I supposed would have been faithfully pursued, some drastic compound purgative pills had been given every two hours, and that the patient was in the worst possible state of congestion. His surface was cold, his stomach irritable and rejecting everything, his pulse very small, weak and fluttering, and from 155 to 160 in the minute, his voice altered, his countenance haggard and anxious, his delirium constant, his restlessness and jactitation extreme, his broken leg very cold, and the bones entirely ununited. No medicines whatever had been given to protect him against the next chill or paroxysm, which was to approach in 16 or 18 hours, and in which, I was sure he would die, unless it was greatly mitigated or prevented. I forthwith commenced administering stimulants and tonics, blisters and sinapisms; and gave before the time of the next chill, 44 grains of quinine, five of opium, and old rum "*ad libitum*;" and using at the time of the approach of the chill, some other and decided diffusible stimulation, I succeeded in a measure in averting it. I now called in to my aid my friend Dr. B., one of the most skilful and enlightened physicians it is my happiness to know, and we continuing this treatment for several days, our patient recovered without an untoward symptom afterwards. The medicines brought on dark-colored and feculent discharges, the disease gradually disappeared, the bones of his leg re-united, and this gentleman now enjoys fine health.

In those cases where the cerebral functions are disturbed, and the disease spends its principal force on the brain and animal functions, the same or a similar treatment, except when meningeal or cerebral inflammation is obvious, is followed by its usual success. The blisters, sinapisms, and other applications to the surface, and mercurials, with a more moderate and guarded use of opium, seem to be indicated; and this course, thus modified, I have used with much success. I would not, however, be understood as precluding the use, in different circumstances, of many other remedies, when they are seemingly indicated. Many of these remedies, to be found in all our treatises on fevers, are useful adjuvants, and were often profitably employed. But not designing to write a labored essay, and only wishing to call attention to the leading remedies, which for many years I have found to succeed so well in our fevers, I will not particularize them. I will, however, here remark, that as long as the disease continued, and until the secretions were resumed, I generally gave the opium, Dover's powder and calomel once or oftener in the twenty-four hours. Whenever I could choose the hour of administration, and this was most generally the case, I preferred to give this dose at bed-time, for many and obvious reasons. I thereby derived full benefit from the medicine, and in most cases ensured to the sufferer a night of comparative comfort and repose, thus robbing the sick chamber of most of its horrors. The patient would generally in the morning be quite refreshed, and the medicines of the preceding night prepare the system for the free use of the sulphate of quinine, and other tonic remedies.

In regard to the administration of the sulphate of quinine, I was not scrupulous, caring very little as to the mode or the quantity given, so I could bring the system under its full influence in due season. In most cases, from sixteen to twenty grains would prevent a recurrence of the chill, if the patients had been prepared for their administration by the previous use of the medicines to which I have alluded, and which I have so strongly recommended. I have often given much larger quantities in large doses, and always desire to produce a degree of cinchonism, and have the nervous system well under its influence, some hours before the time of approach for the chill. By pursuing this course, my experience assures me we can nearly always in two or three days, even in the most refractory and unmanageable cases, avert the quotidian and tertian paroxysms, divest them of their danger, and thus secure the lives of our patients. We have been told, that in this class of diseases the sulphate of quinine should be our "first, last, and only remedy." This I consider very unwise advice. It is probably the most important remedy; but, unaccompanied by other adjuvant agencies, I have seen it fail too often to subscribe to this doctrine. The curative powers of quinine seem to be confined mostly to its action on the nervous system; and it must be plain to the enlightened physician that we have in our disease other indications to fulfil, and that we cannot safely disregard the secretory system. Indeed, we must view the whole ground before us, and have an eye, in our treatment of this disease, to every system and organ, and guard against all dangers and lesions. I am willing to concede to quinine all the importance it so justly merits, and in attacking the citadel of disease, assign it the most honorable position on the right wing. But here, to be successful, we must use the whole battery of medicine. We cannot rely on the right wing alone, but must call to our aid the centre and the left wing. To pursue any other course, would be as unwise in us, as it would be in a commander to make an important attack with his right wing alone, and leave his centre and left wing unemployed, to be defeated and destroyed in detail.

This practice I have followed with a success highly gratifying to my feelings, and satisfactory to me in all respects, since the autumn of 1825. I then became perfectly aware, from witnessing the great want of success in the treatment of many cases of collapse which I then met with, and which were very common, that much more was necessary than the usual routine practice pursued by physicians, and laid down in our books. I looked closely at the disease, as I encountered it at the bedside, and scanned and analysed the action of all the remedies used—observed the "*juvantia* and *lædientia*" with fear and trembling, and step by step adopted it, and I have to-day more confidence in it than I have in any treatment applied to any other disease. It curtails the duration of our fevers fully one-half; it greatly alleviates, and almost takes away the sufferings of our patients. It allays the distressing thirst; composes the irritability of the stomach, often most distressing, and which, I now disregard, or look upon as a mere chimaera; it produces a moisture on the surface, and secretions from all the torpid organs, and it quiets the sufferer's fears. It renders many

violent cases mild at once, subdues those that are dangerous, and robs them of their danger, and averts disaster and death from those cases in which we see it approaching, if we can judge from comparison with other cases under the usual treatment, and which we daily witness in the medical world. It is a rare thing for the sick not to sleep quietly and refreshingly, and with comfort to themselves, and soon recover from their attacks with very little waste of solids, fluids and strength; and for many years I have had no cases of typhoid fever in my practice, when I have treated cases in their earlier stages. This is bold ground to assume; but, sustained by truth, I know it to be impregnable, and invite the severest tests at the bedside. When compared with other treatment, I fear no defeat there, and will with great pleasure submit it *practically* to the most critical examination. Desirous to discharge faithfully and conscientiously every professional duty, and to use every honest effort to alleviate and lessen human suffering, and having a firm and abiding belief that this practice, when fairly tested, must supersede the present practice laid down in our books, and more or less pursued by the profession, I would be pleased to institute a full and fair comparison of success as tested at the bedside. I perhaps ought to remark, that within the last ten or fifteen years, an analogous practice has been adopted by some of the most skilful surgeons in the British army and navy with most distinguished success, according to their reports. These, with some of our own Southern physicians, I consider the best authority in our day in the treatment of diseases in southern latitudes, and especially the disease under our consideration.

I believe that congestion is generally the result of neglected and badly managed cases of our autumnal fevers. I have very rarely met with this congestive state of fever, without being able to trace it most legitimately and certainly to one or the other of these causes. I have often foretold its advent from an improper dose of medicine, and seen my predictions realized; and so confident am I of the truth of this opinion, that I never fear its approach in cases which are well treated or managed, as I shall in the sequel of these remarks recommend. I do not believe I have seen one case of decided congestion in a properly managed case of any of our forms of bilious fever for ten years—nor have I witnessed within the same period the common and more dreaded typhoid degeneration of these fevers in such cases. I therefore am forced to conclude that the latter as well as congestion arises from the same causes, and ought never to be met with when physicians have been called to the management of cases in their early stages; and it is a well-merited reflection on our skill, if they do then occur.

Entertaining this view of the nature and causes of "*congestion*" in our fevers, improperly called "*congestive fever*," and having no doubt that it is based alone on the neglect or maltreatment of our intermittent, remittent and continued bilious fever, I will now proceed to make some remarks on the treatment of these forms of our annual autumnal visitant, which I think will nearly always guard and protect our patients from both congestion and the typhoid condition.

These remarks and this treatment are so closely allied to our subject, and so inseparable from it, that we cannot omit them in this connection, for I consider them as identified, as cause and effect, with it. The causes and pathology of intermittent and remittent fevers are now so well understood, that any remarks from me on these points may be deemed unnecessary, especially as I do not pretend to be able to cast any new light on them. I will also pass by the symptoms of the usual forms of bilious fever, and also their distinctive characters. These are too well known to the profession to need even a more particular passing notice. In all these forms of our fevers I have often seen the most distinct and marked cases of congestion arise under the circumstances to which I have alluded, and against which I am anxious to throw all guards and protection.

When called to prescribe for a patient in the cold stage or chill of any of our forms of fever, if it threatens to be obstinate, it has been the practice of some few of my professional friends, as well as myself, for many years, to give without delay from one to two grains of opium, with ten grains of calomel, or its equivalent of blue mass. If the sufferings of the patient should be severe, and the chilly sensations protracted unreasonably, we have no hesitation at all in repeating the anodyne. It is seldom, however, that a second dose is found necessary, for prompt and decided relief is almost certain from the first dose, and that with a success attainable by no other means, however skilfully employed, with which I am acquainted. The chill is most obviously shortened, and the subsequent fever moderated to an extent highly gratifying to the patient, and its duration very much curtailed. When irritability of the stomach exists, I have no knowledge of any therapeutic agent that is calculated so surely to compose it, especially if aided by a sinapism; and if pain, cramps or looseness of the bowels be present, it seems to be so manifestly indicated, that no one could hesitate in employing it. In short, there are few or no symptoms, except such as point to the graver affections of the brain, which attend the cold stage, that would deter me from its use, so great and salutary and controlling have I found its effects in this stage of the disease. I have rarely found it necessary to resort to any other means; but to most of the remedies usually employed in the cold stage I have no objection as adjuvants. But to rely on them alone, in severe cases, threatening at every step alarming collapse, appears to me the worst species of folly. I have, however, encountered a few cases where I was obliged to administer very freely sulphate of quinine and diffusible alcoholic stimulants, and resort to blisters to ensure the safety of my patients, even in the cold stage.

When I have not been called to prescribe, till the cold stage has been passed and the hot supervened, with a view to shorten the hot stage, relieve the febrile symptoms, give ease and comfort, and prepare my patient for subsequent treatment and the use of quinine and tonics, I forthwith administer the combination of the anodyne and mercurial, to which I generally add two or three grains of Dover's powder, feeling always well assured the happiest results will follow. The first and speedy effects of this dose are, to bring on a relaxation

of the skin and remove the thirst, and establish a gentle perspiration on the surface, when the fever subsides in about half the time it would have done, if reliance had been placed on the abstraction of blood, cold drinks, and the usual remedies in such cases. We have very high medical authority for the use of opium in the hot stage of fever, and I am decidedly of the opinion its efficacy is greatly enhanced by this combination. But even supposing, instead of being recommended, it was condemned by the profession generally, I would still cling to it, relying upon my own experience and that of my friends, and sustained, as *I think*, by the authority of reason and pathology, and as *I know*, by the most flattering success in practice.

I am aware that many cases occur in which we may call to our aid many other remedies with advantage. Our treatises on fever abound with recommendations of such remedies, and many of them are under some circumstances quite useful; but as my object is not to write an essay on fevers generally, but to bear my testimony to a particular kind of practice in our autumnal fevers, which I have found very successful, I will not undertake to descant on their virtues, or point out objections to their use. This practice does not at all interfere with the employment of blisters, and in fact many other remedies that may be judged to be proper. But if it is adopted promptly and pursued judiciously, there is nothing more certain than that they will be much less frequently demanded than in similar cases differently treated. The necessity for bleeding will very rarely exist, active purging will never be required, and the patient will find himself upon recovery possessed of more strength, and in better condition every way, than by any other plan I have ever seen pursued. He will have passed through the period of his confinement, shortened at least one-half, perhaps more; and instead of having suffered the horrors usually attendant on such cases, he will have spent the time of his disease, if not with comfort, at least with a degree of composure and rest, entirely unknown to those whose misfortune it has been to be subjected to the routine of practice usually followed.

The thorough evacuation of the bowels by some cathartic medicines, previously to the administration of quinine, I think by no means necessary. The use of sulphate of magnesia and other saline purgatives for this purpose, I deem, from much observation, highly injurious, and often imminently hazardous. From long experience, I am quite satisfied that no purgatives, having such high authority for their use, have fewer recommendations, and that they have been productive of more congestions than all the other articles of this class in the *materia medica*. In most cases there is no need for any such evacuations; the mercurial itself will generally produce sufficient action from the bowels; but if it should require aid, I would greatly prefer an occasional enema, or a dose of castor oil. Before any action from the bowels, our medicine, given either in the cold stage or in the fever, having controlled the activity of the circulation, tranquilized the system, softened the skin, and brought on a secretory action in the stomach and alimentary canal, we may safely, and with great advantage, begin on the sulphate of quinine and other tonics.

If there be a distinct intermission or remission between the paroxysms, it is known to every member of our profession, that this is the most favorable time to administer quinine, the only remedy on which we can safely rely to arrest the disease, and none now hesitate to use it. But should no intermission, or apyrexial state take place, doubts exist in the minds of many physicians as to the propriety of exhibiting it. In urgent cases, I never fail to recommend it. The calomel and opium seem to prepare the patient admirably for its use, and we cannot wait with safety for marked intermissions in many cases. In deciding on the propriety of administering quinine in such cases, I am inclined to believe many are deterred from its use by fears of the existence of internal lesions. I am, however, very far from concurring in the opinion that their existence contra-indicates the free use of this tonic; and when we reflect that every paroxysm adds to the extent, and increases the danger, of congestion, I must conclude that it is far better at once to arrest the chills than to allow them to continue. Indeed, I think we may well doubt whether any amount of visceral lesion necessarily forbids the use of quinine, acting as I suppose it does, chiefly on the nervous system.

It is not to be questioned, that under the old plan of treatment, the best time, as a general rule, for giving the quinine is during the intermission. Not because the powers of the medicine are greater at one time than another, or that they are impaired during the paroxysm, but on account of the difficulty of giving a patient in that state any kind of medicine, the stomach being generally irritable and unable to bear it. But with the soothing practice we follow, it is very rare to meet with that obstacle to its use, and hence we seldom hesitate to recommend it, if it is at all desirable to administer it at that time. Experience has taught that it can be given at any period; and to those who have been in the habit of witnessing its operation, it will appear astonishing with what certainty and promptness its febrifuge properties are in most cases manifested.

The form in which it is given is a matter of very little importance. In solution it acts rather more promptly than in any other way; but being extremely bitter and unpleasant to many in solution, I prefer the form of pills. These are also retained more certainly by the stomach, and with them I often combine an opiate or mercurial, and frequently both, as the indications of the case may seem to require. In most cases 12 or 15 grains in the 24 hours will answer remarkably well; but sometimes, in urgent cases, exciting serious apprehensions, two or three times that quantity is administered without hesitation.

In many milder cases, where the paroxysm is short and the symptoms not distressing, I prefer waiting until bed-time to administer the anodyne-mercurial. By this plan, a night of quietude and refreshment is ensured to our patients, and they are in the morning in a favorable state for the tonics; and even in graver and more severe cases, when, with safety, we can wait for a few hours, I much prefer giving this medicine at night.

If any functional derangement or disorder of the chylopoietic viscera should remain after the paroxysms of these diseases have been arrested, which requires attention, a few doses of blue mass, and proper address to the bowels for a short time, will contribute materially to the permanency of the cure. The remittent and other forms of bilious fever I regard as essentially the same, and requiring to be treated upon the same principles. They are produced by the same causes; and as they differ only in grade of violence and the duration of paroxysms, it requires only a slight modification of the practice in intermittents to treat successfully the other forms of this disease.

The chief indications in the management of bilious fever being to moderate the febrile action in the arterial system, and to obviate gastro-intestinal irritation, and restore the healthy functions of the liver and alimentary tube, I conceive I meet them all by the combination of the opiate and the mercurial recommended in the treatment of intermittent fever. My practice is to commence with its use, and continue it as long as I may deem it necessary; and I give it at any period in the progress of the case, if either of the indications enumerated above still exists.

What others aim to effect by the lancet, I think may be accomplished by an opiate, and more besides. It certainly moderates arterial action to every desirable extent, in most cases; and in addition to that, it soothes the whole system, relieves pain, allays thirst, tranquilizes the stomach, produces perspiration, and very materially aids the mercury in exciting all its desirable effects.

It has been objected to the action of opium in this complaint, that it has a tendency to constipate the bowels. But this effect is entirely removed by its combination with calomel; and in this combination, I consider it the safest, most soothing and certain cathartic I have ever administered. I have often seen it succeed in moving the bowels, and taking away dark discharges, when all other measures had failed. In most cases treated with this medicine, no other cathartic is ever required; and when it does need aid, I have generally found an occasional enema or a gentle dose of oil amply sufficient to accomplish our wishes.

Emetics, cathartics, nitrous powders, and many other remedies, I consider very perturbing and irritating, and their use as irrational and highly injurious. In a disease where there exists such a tendency to gastro-intestinal irritation, as is met with in bilious fever, I cannot conceive what benefit can result from their use; and it is obvious to my mind from what I have seen, that in most cases they are sadly mischievous. I have never yet found any advantage resulting from the administration of violent and irritating cathartics in this form of fever; but they seldom fail, according to my observation, to induce a state of irritation in the mucous membranes of the bowels, from which a train of distressing and dangerous consequences arise, in the advanced stages of the disease, which are often more serious and difficult to manage than the original disease. Among the most common consequences of this irrational and imprudent practice, is the production, in the mucous membranes of the intestinal canal, of a high state

of irritation, or sub-acute inflammation, causing the disease to lose its original character, and assume a low typhoid form, much more dangerous and annoying than the original attack. By this practice I have seen much mischief and disaster produced, and I have no hesitation in declaring my solemn conviction that nearly all of our typhoid fevers are thus brought into existence.

I am sure I need not, at this late day, enter into a defence of the use of calomel, at least in combination with other medicines, in the treatment of bilious fever. In combination with opium its virtues are greatly increased, and it is at the same time so thoroughly guarded, as to lose all its irritating and unpleasant effects, resulting frequently from its use alone.

While I deem the use of calomel or blue mass absolutely necessary in the treatment of bilious fevers, I will here remark, that I always combine it with opium or some other medicine; and I must here enter my protest against the extravagant use of it recommended by some medical authorities of high standing. Instead of 10 or 20 grains every few hours, until the gums are touched, I seldom give more than that quantity in the twenty-four hours. I frequently derive no satisfaction when the specific effects of the medicine are produced, but continue to give it as long as the liver is inactive or engorged.

Blisters in this disease are a most important auxiliary in our treatment. They are not so often accompanied by strangury or distress as in other cases not treated with the opium. They excite a fine and healthy action on the surface and the internal mucous membranes, and sustain the natural temperature of the skin. In many cases I consider them absolutely essential, and have it in my power to employ them much earlier than is done under other treatment, owing perhaps to opium and calomel preparing the patient for their advantageous use.

The propriety of employing tonics in this disease is a point I consider no longer questionable. Our practice has been to prescribe the quinine promptly and freely, as soon as we discover the liver has resumed its regular action; and if that is tardy in being brought about, and there is any material prostration of the general powers of the system, we combine with it the mercurial preparation, which may be employed to restore the healthy functions of that organ.

To the early and free use of quinine is attributable, in my opinion, much of the success attending the practice we recommend in the treatment of our fevers. The patient is prepared, by the early use of opium and calomel, for tonics, which arrest and remove the disease long before serious organic lesions generally ensue. With quinine we can nearly always shorten the duration of the attack at once, if there be a distinct remission; and in cases where there is no obvious remission, much benefit results from its use; and we are most generally gratified by the occurrence of remissions, following closely on its exhibition. In cases of great violence, when a paroxysm has occurred, from which the patient has been saved only by the most strenuous exertions, and we have great reason to fear that a similar one will prove fatal, we cannot wait, but must have recourse to the

free and full use of quinine during the remission, however short and imperfect it may be. The quantity given must always be sufficient to bring the system under its influence before the time of the next paroxysm; and to attain that effect, we must sometimes administer it without stint or measure.

[Dr. Merritt read a long and most interesting letter from his friend, Dr. O. A. Browne of Hicks' Ford, Virginia, one of the most enlightened and skilful physicians of our country. Dr. B. has long resided in the same district of country with Dr. M., and been engaged in a most extensive and successful practice. He coincides with Dr. M. in his views of the pathology and treatment of our disease, and the other forms of bilious fever also, and most strikingly confirms the great comparative success of this practice, and its vastly superior advantages over the usual routine practice of the present day. This letter is replete with sound and philosophical views of the pathology and practice in the diseases under consideration, and much of his letter has been freely incorporated both in substance and in his own language in our abstract. This letter was addressed to Dr. Merritt, and we will conclude with a few more extracts from it:]

"I might, if I had time, give numerous cases which I have witnessed, both in my own practice and that of others, that would go very far to *establish the superiority* of our practice in the treatment of the autumnal diseases of this neighborhood, over that which is still followed by some. But as I have not, I must be content with the expression of my opinion, that the superiority does exist in a very marked degree, and that the practice must prevail in all places where it can have a full and fair trial. Having practised long and extensively upon both plans, I have had ample opportunities, from my own experience, of making the comparison; and the conclusion at which I have arrived, is sanctioned by all of my friends who have adopted it, not one having abandoned it, who has given it a sufficient trial.

"Under the old practice, I think myself within bounds when I say, that not less than *eight or ten days* are usually necessary to cure a case of bilious fever. *You, I am sure, will be willing to verify my assertion, that it is by no means common for us to have a case on hand more than half of that time.* That fact of itself ought to be sufficient to cause the preference to be given to the new plan. But it has the additional recommendation of *greater certainty of cure*, as I think can be established by the testimony of all who, like myself, have the opportunity of witnessing the operation of both systems.

"Besides the advantages already pointed out, there are others of much importance that ought to claim the consideration of every physician. In the first place, it *eminently commends itself by its simplicity.* By it the patient usually escapes *much of the pain and suffering* which usually attend such cases when differently treated, and is often *conducted through all the stages of the disease, with a degree of comfort which deprives the sick bed of most of its horrors.* He is for the most part *relieved from pain*, has often *refreshing sleep*, and when he gets up finds himself *possessed of a degree of strength that it is impossible he could have retained under the evacuating treatment commonly pursued.*

"Not the least of its advantages is, that by it the patient is almost *completely insured against congestion*, when the practice is adopted early, and judiciously carried out. You and I both recollect, when congestive fever was common in this region, and that a patient was considered as having his death warrant signed when it was announced that he had it. Now, we know, it is of very unfrequent occurrence, and that it is extremely rare to see a case at all. All that I have seen for several years past, were the result of improper practice in intermittent and remittent fevers, or of the grossest neglect."

I might add some other advantages, if it were at all necessary, of this practice, and among them the comparative freedom from anxiety and mental disquietude on the part of the physician himself, and the very rare circumstance of his being disturbed by calls at night. But I hope the above enumerated catalogue will be enough to call the attention of the profession to it, and induce them to give it a full and fair and impartial trial. It is all its friends claim for it, entertaining no doubt of its final success and adoption by those who will give it an impartial test; and with these observations it is commended to the candid consideration of the profession. If it realizes the expectations of its advocates, and the superior advantages so fearlessly set forth in its behalf, it will prove one of the greatest boons in modern times to suffering humanity, and relieve us from an opprobrium, too often cast upon us, that practical medicine has made but little improvement since the days of Sydenham.

For the Stethoscope.

Practical Observations on Scarlet Fever.

BY JOHN P. METTAUER, M. D., L. L. D., *Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College of Virginia, January 11th, 1851.*

The characteristic symptoms of scarlatina are generally so well known to practitioners of medicine, that it will be needless to repeat them in a paper like the present, designed to be practical. Three principal varieties of the disease are generally admitted by the profession; that is, scarlatina simplex, scarlatina anginosa, and scarlatina maligna. It belongs to the major exanthemata, is inflammatory in its commencement, but rapidly tends, like typhoid fever and erysipelas, to depression; and is chiefly a disease of childhood.

Scarlatina simplex is generally distinguished by the mildness of the attending symptoms, more especially by the mildness of the affection of the throat, if that symptom should attend at all. The fever and rash are the chief symptoms of this variety to which attention is usually directed, but in a good many instances the fauces are also more or less reddened or inflamed, and sore in some cases, but seldom to a serious extent.

Scarlatina anginosa is characterized chiefly by the violence of the

throat affection, though it too is attended with a rash. The early commencement of this variety is generally attended with stiffness of the jaws, soreness of the throat, and more or less pain and difficulty in swallowing. The eruption does not appear as early as in the simple form, being delayed to the third or fourth, instead of the second day, at which time it usually appears in the simple variety. The rash too is less abundant and diffused in this form, and may even be confined to a particular part, as the hand or arm, or distributed in distinct spots, very sparsely diffused over the trunk, separated by the intervening skin of its natural color. In some instances, however, it makes its appearance generally over the whole surface, displaying the uniform and scarlet redness of the simple variety. Now and then, after partially appearing, the eruption recedes and returns after a longer or shorter interval; and these alternations may be repeated several times. The fever of this variety is generally more intense than in the simple, and is often attended with delirium or coma. The pulse is usually greatly accelerated beyond its normal condition, and the skin is exceedingly hot. The inflammation and swelling of the throat are sometimes frightfully intense, not only causing great pain, but actually impeding deglutition and respiration.

Scarlatina Maligna.—It is not unusual in this variety for complete prostration to mark the commencement of the attack, and even for death to take place at once, without the slightest reaction. In these examples sudden and extensive disorganization of the cerebral functions may be induced by the cause of the disease operating upon a constitution naturally unsound, or rendered so by bad habits. Cases sometimes are to be met with, when scarlet fever prevails extensively, in which comatose symptoms, faintness, anxiety, a feeble, small, frequent and irregular pulse; cool or hot skin unequally manifested; slow, impeded respiration, or irregular and accelerated; pale or livid face; great muscular debility, and now and then complete coma occur. In such examples there will be feeble efforts at reaction, and the febrile heat, if developed, will be transitory and partial; or if the rash appear, it will assume a violet hue, and only shew itself in spots or small patches, and generally the powers of the system seem to give way, and death closes the scene on the third day from the attack. Sometimes reaction comes on, and a low fever follows, attended with delirium, stupor, a feeble pulse, a livid, purplish or dark red eruption; petechiæ; hæmorrhage; involuntary discharges from the bowels and bladder, and frequently death takes place in a few days. But when the cause operates less violently, and the constitution is more vigorous, the attack comes on with symptoms of the anginose variety. The affection of the throat is distinguished by a deeper redness, inclining to purple, and the symptoms are decidedly typhoidal or malignant as the disease advances, distinguished by increasing feebleness of pulse, unequal warmth of the body, a fading and re-appearing rash of a livid or purplish hue, &c. These symptoms, although menacing in the highest degree, are not always the harbingers of a fatal result. It is by no means uncommon for recoveries to take place in this form of the disease, after the case has as-

sumed the most fearfully unpromising conditions, both of the local and general affections.

Anomalous scarlatina is occasionally to be met with during the prevalence of the ordinary varieties of the disease, and sometimes, too, it occurs as the prevailing form, but is liable to appear endemically, and is often confined to a particular family. It is the disease without the rash, and its seat is the fauces, attended with more or less general fever, however. This variety pursues the course of ordinary scarlatina as respects the throat affection, and is distinguished by symptoms of every grade of intensity.

Scarlatina is unquestionably an inflammatory disease, and the skin, as well as the mucous and serous surfaces, seem to be its principal seats. Professor C. D. Meigs considers it to be an inflammatory affection, and refers its seat to the *membrana vasorum communis*, or the *endangium* of Mr. Burdah. He bestows the epithet of *endangitis* upon the inflammation, and ingeniously argues in support of his theory. The opinion of Professor Meigs on this subject, or any other connected with medicine, is entitled to the highest respect. Scarlet fever, in some respects, is assimilated to typhoid fever, in nature, both being inflammatory, but the inflammation consisting of mixed characters; and these two diseases are to be met with of nearly every grade of mixed inflammatory irritation, and their tendency is to early depression of the energies, and to assume adynamic characters. In scarlatina the inflammation passes rapidly through its acute stage, and by reason of its rapid tendency to depression, if an active treatment of enfeebling nature is to be employed, it must be adopted in the very commencement of the early stage. In many cases of scarlatina, as well as of typhoid fever, our most successful mode of treating them is by the early and decisive employment of the lancet and other enfeebling remedies. We, by such treatment, superinduce direct debility, and substitute it for indirect, or what I term ataxic debility, and thus disarm these diseases of their most menacing and dangerous tendencies.

As a general thing, scarlet fever occurs but once with the same person, though it must be conceded that many departures from this course have occurred. It has seemed to me that second attacks have chiefly taken place with individuals who were affected with the disease partially: that is, who either had the rash without the affection of the throat, or the throat affection without the rash, in both cases indicating that the disease was imperfectly formed.

Treatment.—In the mild form, scarlatina, in a vast number of instances, requires very little, if any, medical treatment. There is always fever, and in the onset of the disease it is generally intense, and attended with more or less disturbance of the secretory exercises. To maintain these balanced, as far as is consistent with a diseased state of the system, with the earliest appearance of the rash, I have found an emetic, consisting of calomel and ipecacuanha, to meet the indications most perfectly, especially if the tongue is coated. Five or ten grains of ipecacuanha, and three or five of calomel, if the subject be a child, or larger doses if an adult, I have employed in hundreds

of cases of the simple and mild form of the disease, with signal benefit. Subsequent to the operation of the emetic, if the calomel fails to purge, or acts imperfectly, a moderate portion of oil should be given, taking care, however, to allow some three or four hours to intervene between the termination of the emetic commotion and the administration of the cathartic. After the bowels have been opened, it will only be necessary to maintain their solubility by the gentlest means. To this end I have employed indiscriminately, a solution of the bitartrate of potash and sulphate of magnesia, and the acetate of potash, administered two or three times during the 24 hours, and just in doses to act moderately upon the bowels. A mixture formed of 3 ij. of the sulph. magnesia, 3 j. of bitart. potass., and 3 ij. of water, administered in tablespoonful doses, will be found both grateful and beneficial in these cases with children. With adults, of course, larger doses will be required. Besides the cathartic action, it also produces febrifuge, or rather refrigerent effects. The acetate of potash operates very nearly in like manner; and when the crystalized article is employed, which should be preferred, from two to five grains in watery solution may be administered at a dose. It is all-important that the temperature should be rendered as agreeable as possible. If the heat is excessive, exposing the surface of the body to the air, or sponging it with water and vinegar until it moderates, will afford relief to the patient's sufferings, as well as ameliorate that most distressing symptom. The patient must be allowed to use cold or cool drinks, and cool slippery elm tea will generally answer best. A restricted diet is all-important; everything exciting must be carefully inhibited. Confinement in bed will be necessary, even in the mildest cases, until complete desquamation has taken place. Should the throat be much affected, as will sometimes be the case, it will be proper to apply gargles or other topical remedies to it. As a gargle, nothing answers better than a strong solution of the borate of soda. Sage tea, with the nitrate of potash; solutions of the sulphate of magnesia, or soda; the chloride of soda; vinegar and water; dulcified spirits of nitre and water, and the nitrate of silver, either in strong solution, or the solid nitrate may also be used as topical remedies. Generally, however, they will not be required, by reason of the mildness of the anginose affection.

Bleeding, when the simple variety puts on more violent characters, and the febrile symptoms run high, especially if the patient's constitution is very good, will be proper and allowable in many cases. With children from five to eight or ten years of age, bleeding would prove highly beneficial, particularly if there should be strong cephalic tendencies. Even with younger subjects, blood-letting might be employed with safety and advantage. With these it would be safest to abstract the blood by leeching, and the temples or other convenient parts near the head should be selected for the operation. The bleeding, no matter how effected, must be used in the very onset of the fever, and to the extent of impressing the action of the heart and arteries decidedly. One decisive bleeding will be far more beneficial and safe in the early beginning of the disease, than a repetition of it after the fever has somewhat advanced. Frequently it will reduce the fever at once to

the proper degree for bringing out, and for sustaining the rash in its ordinary development and self-limiting tendencies. The direct debility it induces weakens but does not exhaust the vital energies, and guards the constitution in a great degree from indirect, or as I have denominated it, ataxic debility, which is always dangerous, and far more difficult to correct than pure debility. If one bleeding does not control the pulse, a second, or even a third repetition must be employed.

Refrigerants will, in some cases, be found of great benefit in this variety also, used after bleeding. Now and then their employment will supersede the necessity of using the lancet, particularly in those cases characterized by great exaltation of the animal temperature. In such examples the fever is kept up or aggravated by the undue temperature; and when reduced by refrigerating, both through the skin and stomach, both the violence of the fever and the patient's sufferings are mitigated at the same time. In the employment of this valuable and grateful remedy, it will be proper that its depressing agency shall not be urged to the extent of interfering with the eruptive tendencies. Gently sponging the heated regions of the body, from time to time, and allowing cold drinks or pounded ice, merely to moderate the undue animal temperature, will enable us to meet the indication with certainty and without danger.

Cathartics will generally be required in this variety. In some cases they may even supersede the use of the lancet or refrigerants. Early in the disease it will be proper to purge decisively; and the cathartic I have generally preferred and employed, is the mercurio-saline; that is, to administer the requisite dose of calomel with a minute portion of ipecacuanha, and to follow it up in four, six or eight hours with a dose of sulphate of magnesia, acidulated with the bitartrate of potash. In some cases, I have employed the infusion of senna with benefit when the bowels were torpid. I have also, at different times, had recourse to oil and the syrup of rhubarb. The last named article is particularly suited to the cases attended with diarrhœa. Purging must invariably act impressively; and if the first dose fails to procure consistent as well as copious evacuations, the cathartic should be repeated in six or eight hours.

Diaphoretics will be demanded early after sufficient purging has been premised; and for children nothing answers better, according to our experience, than minute doses of ipecacuanha and the nitrate, or bicarbonate of potash, administered in watery mixture, or in the form of powder or pill. From the third to half a grain of ipecacuanha, and one, two or three of the nitrate or bicarbonate of potash may be administered at a dose once in three or four hours, and will often be followed, after a few doses, by relaxation of the skin and diaphoresis. This diaphoretic is particularly suited to children in catarrhal affections, more especially in the bronchitic forms. Certain aromatic teas may also be employed beneficially as diaphoretics, after the force of the pulse is greatly subdued, and when there is a tendency to recession of the animal temperature from the surface; such as the teas of balm, sage, elder flowers, saffron, boneset, dittany, &c.

Employed moderately warm, the exciting qualities of these ptisans render them active and decidedly diaphoretic in many instances. In some cases the warm teas of slippery elm, flaxseed and althea will be found of great benefit, both as diaphoretics and demulcent diuretics, when the urinary secretion is greatly defective, or when the secretions generally possess undue acrimony.

Revellents will be required in some cases when the disease introverts upon the internal organs. Should the lungs, pleura, stomach, intestines, bladder, uterus or brain be seriously menaced, after venesection and other enfeebling remedies had been employed, it would be proper to have recourse at once to these valuable measures. In most cases involving the pectoral organs, revulsion, by dry cupping or sinapisms, is to be preferred as the first trial of the agency. If, however, the symptoms are very acute, and the pulse active and strong, humid cupping must be employed. The pectoral spine should always be counter-irritated also in these cases, as an important influence is often exerted upon thoracic diseases through it if effectually performed. If the local affection is connected with an enfeebled constitution, or if a state of debility exist, resulting chiefly from the duration of the primary affection, it would be best to use vesicants. The propriety of employing revellents to the throat, in the anginose affection, has been questioned. Vesicants, as a general rule, should not be employed, as they greatly augment the patient's suffering, and frequently irritate the faucial affection. Rubefaciants that act moderately should be preferred, such as the ammoniated, camphorated, and terebinthinated liniments. In most cases, the oil of turpentine with sweet oil will answer best, mixed in nearly equal proportions. These remedies applied four or five times during the 24 hours, less or more frequently, will excite and keep up the proper counter-irritation in the skin, without incommoding the patient or aggravating the anginose affection.

As *topical remedies*, the gargles and other applications already suggested will be of service, and must be employed. In this variety, if there is intense heat of the fauces, it would be advisable to use cold water gargles, or pounded ice to the throat, governed by the cautions laid down in reference to the employment of refrigerants generally. Should sloughs form in the throat the parts must be touched occasionally with spirits of turpentine, or the ammoniaret of copper in solution, prepared by dissolving sulphate of copper in diluted water of ammonia. These applications are far better than the nitrate of silver; they promptly change the disorganizing action into granulating and reparative. The ammoniaret of copper is best suited to those cases of some continuance, but I have often used it beneficially in the commencement of the sloughing process: it is to be applied with a soft mop previously saturated with the solution, simply pressed on the slough once daily. Very soon the slough will be cast off, exposing a healthy looking granulating surface, which of course is to be managed as a common healthy ulcer.

The *drinks and nourishment* to be as suggested in the simple form. Great care will be required during desquamation, and for some time

after, in regulating the bowels, diet and exercise. Early exposure to wet, cool, or variable atmosphere must be inhibited, even after convalescence has considerably advanced.

In the *anginose variety*, the general treatment suggested in the simple will be applicable. Early and decisive bleeding will be required in a majority of instances, both generally and locally employed. If the anginose affection is violent, it would not be safe to rely on general bleeding, but the region of the affected part must be leeches freely. In some very threatening cases I have resorted to scarifications, and have never regretted their employment. The free discharge of blood they cause, speedily reduces the swelling and heat of the fauces, and the incisions take an ordinary traumatic inflammation, which tends to change the original disorganizing inflammation into one of a more favorable description.

Early after bleeding it will be proper to employ *emetics*, and the compound already suggested will meet the indication fully, if its strength is somewhat augmented. In most cases the emetic should be repeated every tenth or twelfth hour, until the anginose symptoms ameliorate. A single dose will frequently arrest the anginose affection, and impart to the constitutional symptoms an improved condition likewise. More frequently, however, it will be necessary to employ several emetics before a favorable impression is made on the disease.

Cathartics will be demanded early in the treatment, and if the calomel, administered with the emetic dose, fails to purge in four or five hours after it is taken, a dose of oil, or salts and magnesia, should be given. The aromatic infusion of "senna and salts" is also admirably suited to this variety as a cathartic; and when the bowels are in a diarrhoeal condition, rhubarb in substance, in combination with blue mass, and a small portion of ipecacuanha, will be found to meet the indications fully. It is not proper to purge actively; but the secretories should be ameliorated, and for this end those agents that impress the mucous membrane of the enteric cavity, decidedly, but moderately, should be preferred. Such agents procure copious and consistent evacuations; and the articles already mentioned will be found generally to act in that manner. A soluble state of the bowels should be maintained throughout the whole course of the disease, and for this purpose nothing succeeds better than the simple syrup of rhubarb, administered once or twice daily, in moderate doses.

Refrigerants can be safely and beneficially used, but only when the animal temperature is unduly exalted; and the modes already suggested, as well as the rules for their employment, are equally applicable in this variety. In the early stage there will be little danger in the employment of refrigeration, as the energies are not likely to be suddenly or unduly depressed by its operation. In the advanced periods, however, sudden depression might follow, if the remedy should be too profoundly or improperly used, and dangerous consequences result. Very light sponging of the surface with vinegar and water, or spirit and water, with cool drinks or pounded ice, merely to moderate the undue animal temperature, but not to depress it suddenly, is all that should be attempted.

Diaphoretics will be demanded as soon as the force of the pulse has been subdued, and the means already suggested may be employed. The ipecacuanha and nitrate or bicarbonate of potash will be found an admirable diaphoretic in this variety, and should be preferred, according to my experience, to all other agents of this class, in the earlier periods of the disease. After it is commenced, the remedy should be continuously employed until its proper effects are produced. In the subacute stage stimulating sudorifics will often be required; and a combination of gum camphor with the ipecacuanha, in suitable doses, or the spiritus mindereri, or the dulcified spirit nitre alone, or united with ipecacuanha, or tartar emetic, or warm stimulating teas, such as I have already pointed out, may be employed. In some cases Dover's powder might be beneficially resorted to with adults, when there is great restlessness at night; but with children it can be seldom used with safety.

Revellents will sometimes be demanded to combat certain coincident local affections, as was remarked of the treatment of the more intense forms of the simple variety. In these affections the suggestions already made must suffice. When the animal temperature, however, is unequally diffused, it will be necessary to employ revellents, with the design of restoring it to those regions in which it is defective, as well as to equalize the circulation of the blood. With these intentions friction, rubefaction by mustard seed, heat artificially applied, ammonia, capsicum, spirit of turpentine and vericans may be employed as they seem indicated.

The topical treatment of this variety differs little from that considered in the preceding. It will be proper to employ the same remedies, but in many cases they must be used more energetically. As soon as a slough forms in the fauces it must be separated by the decisive use of the solution of the ammoniaret of copper, applied as already advised; and after it is cast off, it will only be necessary to use mild gargles formed of gentle astringents and demulcents. Should the slough reappear, or the ulcer, left by the one cast off, assume unhealthy appearances, the ammoniaret must be again applied, or some other of the local contra-irritants already pointed out as useful in such cases, according to the condition of the ulcer.

Stimulants and tonics will be demanded in the depressing stage, should there be marked debility, and a tendency to dangerous increase of it—a condition frequently to be met with when the case is protracted and the anginose affection violent. As stimulants, nothing answers better than mint julep or milk toddy, administered in quantities and formed of a strength to suit the particular case and the age of the patient. The object should be merely to re-excite and maintain the action moderately exalted whenever collapse threatens. Tonics will be demanded, if stimulants fail to maintain the action induced by them sustaining and equable; and as far as my experience enables me to decide, the infusions of chamomile flowers and wild cherry bark are to be preferred with children. These infusions may be converted into syrup by the addition of sugar, which form renders them less offensive to children, and of course more easily

taken. Even with adults they may be used beneficially, though with them the infusion of bark, columbo and gentian answer best. Tonics, however, are hazardous remedies in this disease, and should not be employed hastily or rashly.

In the dropsy of this variety, as well as that of simple and malignant scarlatina, a combination of tonics, cathartics and diuretics has generally succeeded best in my hands; and the form I employ is that contained by the annexed formula:

R.	Fol. Senn.	3 iss.
	Flor. Anthene. Nob.	3 ss.
	Fol. Digital. Dup.	3 iss.
	Sem. Anis.	3 j.
	Sulph. Magnes.	3 j.
	Aq. Bullient.	3 xij.

Infuse in a close vessel for half an hour, then strain. Dose from ℥j. to ℥j. twice or three times daily.

A tablespoonful, more or less, according to the age or strength of the patient, administered three or four times during the day, so as to act moderately on the bowels and kidneys, will very speedily remove the dropsical affection. In a vast number of cases I have employed this remedy, and have never been disappointed in its effects. If it purges too freely at first, no injury will result; and after the remedy is employed a while, it will only act moderately, rather as an aperient: its diuretic operation is generally decided. The infusion must be continued for a week after the subsidence of all tumefaction; and the bowels after it to be kept soluble.

In the malignant variety it will seldom be safe to bleed, by reason of the rapid tendency of the disease to depression, unless the case commence as scarlatina simplex or scarlatina anginosa. Our chief reliance must be on emetics, cathartics, refrigerants, diaphoretics, stimulants, tonics, revellents and contra-irritants. In the commencement of the attack it will in every case be proper to vomit freely; and the emetic already suggested in the anginosa variety, will be found to meet the indications. In some cases it might be proper to augment the dose, or the emetic would not act by reason of the insensible state of the stomach. The turpeth mineral was suggested by the late Professor Benjamin Smith Barton of the University of Pennsylvania as an emetic in this variety of the disease when there was gastric insensibility; and within the last twenty years the same article was vaunted through Virginia as a specific though secret remedy in every variety of scarlatina; and in an advertisement through the newspapers, a Virginia physician and a graduate referred the suffering public to a distinguished apothecary in Philadelphia for a supply of his secret remedy—a complete humbug. The vomiting should be effective, or little benefit will follow from it; and it may be repeated several times after intervals of eight or ten hours.

Cathartics will be demanded early in the disease; and if the calomel of the emetic compound should not purge in four or five hours, it will be proper to administer a suitable dose of oil, the bitter aromatic

infusion of senna, or a commanding dose of the syrup or powder of rhubarb, with one or two grains of aloes. In all respects purging in this variety must be governed by the same indications, and directed to the same objects requiring them in the preceding. The same may be remarked of refrigerants, diaphoretics, stimulants, tonics, revellents and contra-irritants.

The topical treatment will be the same as was advised in the anginose variety, only that it must be more energetically employed. It will be important from time to time to remove the obstructing mucous from the nostrils, to allow patients to breathe through those passages, and not through the mouth. This may be done by carefully absorbing it with elongated pieces of soft sponge, or small rolls of bibulous cloth introduced carefully into the nostrils from time to time. The fauces, too, must be cleansed of their tenacious and adhering mucus, by gently wiping it away with a soft mop formed of old linen or sponge. The onion poultice I have often used to the exterior of the throat with much benefit. Blisters should seldom if ever be drawn over the exterior of the throat, or indeed elsewhere, in this variety, as they are prone to take on disorganizing inflammation. The room must be rendered comfortable, both as to temperature and ventilation. A heated room, with a highly rarefied state of the atmosphere, would certainly increase the patient's restlessness, as well as the unpromising characters of the disease, by withholding from the lungs the proper supply of oxygen, so necessary in a disease constantly tending to disorganize the vital energies that are chiefly maintained by its vitalizing influences.

During the convalescing stage it will be proper to guard carefully against exposure and excesses of every kind. The bowels must be carefully attended to. Constipation should not be allowed to take place. In most cases of this variety of the disease, recoveries take place slowly, and on that account the utmost attention should be given to the convalescing stage. Generally the body should be protected against the atmospheric transitions of temperature by the use of flannel.

Inunction in scarlet fever, as practised by Dr. Schneemann of Hanover, I have never employed; but from the report of Dr. S. and Dr. Harvey Lindsly of Washington city, I am disposed to think favorably of it, and hope it will be fairly tried in the United States. It may do good, but cannot do hurt.

On Asylums for the Insane.

Asylums for the insane are charities, which, like other establishments for somewhat analogous purposes, are the concomitants or effects of the increasing civilization characterizing the last three centuries. It is true that the earliest may be traced to a date far into the past; but, like the primordial attempts at inventions, which often long precede success, these few institutions for the purpose were but slight evidence of a tendency in that direction. The original idea upon which such institutions are based, apart from charitable motives, is the

circumstance, that the necessity to protect the public from the fury of the maniac makes his confinement in many instances absolutely requisite. But again, taking this idea in another sense, one more appropriate to the philanthropic considerations of the present day, it is found that, so far as the insane person himself is concerned, in general his own safety is better guarded than it could be elsewhere. It is true that in asylums occasional examples of suicide and other sad occurrences are almost necessary facts. But this does not contravene the general rule—it does but confirm it. For, on looking over the yearly file of almost any newspaper, the number of suicides palpably due to insane impulse, of which we may there read an account, is out of all proportion to similar statistics of any institution for the mentally afflicted. But again, what has led to the establishment of lunatic asylums to so large an extent in modern times, is, in the first place, that far more patients are here cured than is the case with equal numbers treated in private; and secondly, to the great mass of those bereft of a sound mind, such abodes, although attended by separation from relatives and home, yet prove far more conducive to their comfort and happiness, than would enure to them if this severance did not take place. It is these last two considerations that make it the imperative duty of all countries fitly to provide for their insane. And especially does this idea apply to the pauper insane; for, could we conceive a more calamitous condition for an individual, than to be in circumstances requiring the most earnest daily exertion to “make both ends meet,” whilst a near and dear relative may require rigorous restraint at home for the want of friends to watch him. We rejoice that the commonwealth of Virginia has come up to her duty in this respect; under the present noble laws as to the particular here considered, no inhabitant of her extensive confines, whether bond or free, whether white or black, whether rich or poor, is refused the aid which an asylum can bestow. In comparing the situation of the insane without and within an asylum, we have on the one hand, in the first place, the most carefully devised means for the moral and medical treatment of insanity, whilst on the other, there is either a total want of these, or they are applied inefficiently and partially. And secondly, in the one situation, the comfort of the patient is better attended to, and he is subject to a less strict management than in the other. All the important hygienic regulations as to ventilation, modes of heating, suitable food and clothing, and attention generally to what were entitled by the ancient physicians *res non naturales*, now obtain from every superintendent of a lunatic asylum the greatest and most zealous study. Measures savouring of coercion are also reduced as far as possible to a minimum; and the use of chains and such like means are wholly relinquished, whilst they are still but too often employed in private.

We have before us a number of works on insanity, in which the subject discussed above is referred to, and the same remark holds good as to an extensive collection of the reports of institutions for the insane. There are also reports from committees in various states of the Union, appointed to search out the condition of the insane amongst the population at large in those communities; and moreover,

Miss Dix, the eminent philanthropist, has published a number of pamphlets, detailing her experience throughout a large portion of the Union. By these productions this excellent lady has caused asylums to be erected where little interest in that regard had previously existed, and has also given increased impetus to exertions towards the same end, where this noble cause had been sustained by other individuals. In her memorial to congress, presented on the 27th of June, 1848, she arrives at the general conclusion, that the wretched condition of a multitude of the insane not placed in asylums does not differ in the several members of the American confederacy; and of nearly ten thousand idiots, epileptics and insane persons whom she had sought out and seen, there have, she says, been hundreds, nay, rather thousands, bound with galling chains, bowed beneath fetters and heavy iron balls, attached to drag-chains, lacerated with ropes, scourged with rods and terrified beneath storms of profane execrations and cruel blows. It would be false policy to blame too much those having charge of these unfortunates for a state of things so lamentable; it seems almost inherent in the want of proper means which usually attends the management of the insane in private. And we thus perceive also, from the statement of Miss Dix, that there is little difference in one section of America from another. It may be remarked, however, that she thus alludes to our commonwealth: "The laws of Virginia forbid a protracted detention of the insane in the county prisons at this period. Formerly, I have traced the most cruel sufferings in the confined apartments, uncleansed and unventilated, and the still more neglected dungeons into which the insane have been cast." The desirable change here referred to was brought about, first, by representations and statements made in the report of the Eastern asylum for the year 1843, and, secondly, by the wise liberality of the legislature in making suitable provisions for the insane in Virginia. The congressional document of Miss Dix just mentioned contains pretty much a complete *resumé* of her charitable labors in the various states of the Union which she had traversed, up to 1848, on the same estimable errand. It may not be uninteresting to those having the welfare of the insane at heart, to detail the remarks of other enquirers pursuing analogous researches. Dr. de Vitre, formerly physician to the Lancaster county asylum in England, and at present one of the commissioners in lunacy of that county, gives a number of striking facts in an able pamphlet on the subject under consideration. Amongst other instances, he relates that of a poor man whose wife became insane. He at first tried to do the best he could for her at home. But as her case progressed, fresh difficulties beset him on every side, and when all his little earnings were exhausted and he could no longer remain at home in charge of his wife, being compelled to labor for his daily bread, he adopted the extraordinary expedient of enclosing her in a large packing case, with a small aperture cut in the lid, through which she could breathe and see, but not large enough to permit her head to pass through. Thus did this poor creature remain a long time, literally screwed up in a wooden case, and was only at last liberated by the humane inter-

position of two medical gentlemen, through whose instrumentality she was removed to a public asylum, and whose disinterestedness was rewarded by the ultimate recovery of their patient. Another child of misfortune, a male sufferer, was usually chained or confined in a railed-off corner of a barn or other out-house, without clothing of any description, and his only bed consisted of a little straw. In the same locality, says he, there was a lunatic of limited income, residing with his own brother, who has been chained for years in a cellar on a bed of straw, who is never allowed to leave his dungeon, and who has not been shaven for upwards of seven years.

A third example was an insane son. At first he was chained by his father; but by and bye a communication was made from the house into a hay-loft, all access with the stable below being first cut off, and into this loft the maniac was thrust. He had no clothes given him, no light to cheer him, no stream of air to refresh him, no water to wash himself with, and only a little straw for a bed. Previously to the erection of the hospital at Worcester, Massachusetts, the commissioners appointed for that purpose reported a case in which the patient had been twenty-eight years in prison; for seven years he had not felt the influence of fire, and many nights he had not lain down for fear of freezing. He had not been shaved for twenty-eight years. Another individual in the same state is mentioned, of seventy years of age, who had been chained for twenty-five years, and had his chain taken off but once in that time. From investigations made by a committee of the legislature of Connecticut, they report that there were probably more than seventy lunatics in the state in close confinement by chains and cells. A similar committee some years since made a detailed report to the legislature of Pennsylvania. In one of the counties they received information that the accommodation for the insane in the poor-house consisted of a single room, in which the furious and violent were confined, males and females, in the same department, separated only by the length and restraint of their chains. In another county the apartments were damp, confined, ill ventilated, and several lives had been actually lost from the improper construction of the cells for the insane. When permitted to take exercise and recreation in the open air, these unfortunates were loaded with hobbles and chains, and exposed in summer to the hot sun, without the shade of a single shady tree. In another prison, two lunatics, a man and woman, each over seventy years of age, occupied the same apartment of an upper story. The female was lying upon a heap of straw under a broken window, through which a severe snow-storm was beating upon her. The man had been in that room twenty-one years. A woman was found in the cellar of a prison, in an apartment six feet by eight, and the only place for admission of air by day or night, was *six inches by four*; and here she had lived seventeen years, or more than half a generation. In a poor-house in Delaware, a visitor reports that there were twenty insane persons; each of them in a dark, illy-ventilated room, and each chained to a ring in the centre of the apartment. But it is needless to multiply further these painful accounts. Doubtless every state in the Union, unprovided with asylums, would furnish

scenes but too exactly corresponding with the above, and also of but too frequent occurrence.

After such details as the above have been substantiated, as they must ever be by suitable enquiries, the duty of the citizens of all civilized communities is direct and unmistakeable. If this great amount of misery is to be alleviated or removed, it can only be through the intervention of asylums properly constructed and governed. And if in the establishment of these asylums we would recede as far as possible from the management of poor-houses and prisons, the main features of improvement will consist in appropriate architectural arrangements and a judicious organization. In connection with the former topic we would speak but as to a single point, and that is, the buildings for the insane should be fire-proof. If this precaution should be adopted in an edifice of any kind whatever, it would seem demanded in a lunatic asylum. For it must be ever remembered that we have here a number of patients locked up, thus differing from ordinary individuals; secondly, the windows of these institutions are so guarded as to prevent all escape through them; and thirdly, the character of insanity is often such as entirely to prevent co-operative efforts on the part of the poor lunatic, or indeed may even induce him to resist efforts made for his safety. Hence it is that Dr. Conolly well remarks, in his valuable treatise on the "Construction and Government of Lunatic Asylums:" "The savings to be effected by omitting the simple precaution of having all parts of the building fire-proof, is not to be put in competition with this horrible danger." We are glad to observe that in a magnificent structure lately erected near London, and capable of containing a thousand lunatics, one of the provisions is, that the whole establishment is completely fire-proof.

Respecting the organization of an asylum, it appears worthy of remark, in the first place, that an increased number of those officials or attendants in the constant and direct management of the inmates, and watching over them night and day, is still needed in all asylums. The insane are left too much under the general management of the establishment, whilst various particular cases may require, for their most successful treatment, the exclusive action of one sane mind for days and weeks uninterruptedly. Sometimes also a patient is closely confined, who is inclined to violence, or suicide, or elopement, because there is not an attendant to devote himself exclusively to the prevention of these occurrences. Secondly, in arranging the organization of an asylum, due caution should be used, lest this power should be entrusted to any but those capable of suggesting a suitable plan, from their knowledge and experience concerning such matters. No crude or inapplicable theories should be permitted to prevail here, or evil results will inevitably ensue.

These two points—an increase in the number of those in charge of the insane, and providing fire-proof buildings—necessarily involve a greater expenditure than has heretofore been usually appropriated to the construction and management of lunatic asylums. It remains for the sovereign people on the one hand, and the benevolent on the other, to determine whether any alteration in these respects shall be made by the contribution on their part of the necessary funds. J. M. G.

On the Exhibition of Quinine in the Febrile Paroxysm.

BY OTIS F. MANSON, M. D., OF GRANVILLE CO., N. C.

The introduction of quinine as a remedy in the treatment of remitting fever, *given in the remission*, was perhaps coeval with its discovery as one of the constituents of cinchona, the bark itself having been used in that stage of the disease by Lind, Senac, Clark, Balfour and others, anterior to its disintegration; but it was perhaps not more than twenty-five years ago that this salt was administered in the exacerbation, and at this time the practice is almost exclusively confined, in our own country, to the extreme Southern and Western states.

A number of my professional friends in Virginia and North Carolina having adopted this plan of treatment, at my suggestion, I have felt it my duty, in compliance with their solicitations, to place within their reach all of the knowledge I possessed on the subject, drawn from my own experience and many others; and I therefore embrace the opportunity to do so, offered by your flattering invitation to contribute to the pages of your journal.

Remitting fever has for many years assumed a congestive character, in the vast majority of instances being attended with the periodical recurrence of a stage of congestion, commonly termed chill; this stage being characterized by a diminution of temperature, varying from a slight coldness at the tips of the nose, fingers and toes, to a fearful frigidity of the whole extremities, and in some few instances a death-like coldness of the whole surface of the body; these latter cases being termed, *par excellence*, "congestive fever."

Although in many instances this stage is not manifested after the initial chill, by any discernible reduction of temperature in any part of the body for several days, yet it sooner or later becomes apparent to the touch of the attendant, although unfelt by the patient, who, instead of experiencing any sensation of cold, is oppressed with intense heat and unquenchable thirst; indeed, we have often discovered the presence of this stage by the increased urgency of his thirst and desire for removal of the clothing.

At the same time that this coldness of the extreme parts is perceived, *the rest of the body is of high febrile heat*; the pulse quick, frequent and small, the breathing laborious, deep sighing, oppression at the præcordia, pain in the head, loins and limbs, anxiety, nausea and vomiting.

After a lapse of time, varying according to the violence of the attack, but averaging about an hour, this stage terminates in the exacerbation, the heat becomes now diffused over the whole surface, the pulse becomes diminished in frequency, and increased in fulness and force, the pains and thirst still continuing, occasionally, though not commonly attended with delirium and other indications of cerebral disturbance; pain on pressure of any of the abdominal regions not generally present in the first exacerbation, but more apparent as the disease advances, especially in the epigastric region. This stage, after a lapse of 24 or 48 hours, according to the type of the disease,

is succeeded by a recurrence of the stage of congestion; the tongue now becomes sensibly altered, but so variable in appearance that no particular description will apply to it. Evidences of organic irritation in the great cavities, particularly of the stomach, bowels and liver, now become more apparent, and the abdomen becomes tense, tender, and in some cases meteoric. From the fifth to the fifteenth day, the disease terminates, without aid, in 1st, intermittent fever; 2d, fever of a more continued character; 3d, death.

I have deemed it necessary to give this brief description of this disease as it usually appears in my field of observation, in order that the following remarks may be fully understood, as the object of this article is chiefly to display the effects of quinine in this disease.

Given in free and full doses of from twenty to thirty grains in the exacerbation, quinine reduces the pulse in frequency, fulness and force; it removes local determination to the head, chest and abdomen, thereby relieving pain, restlessness, nausea, vomiting and diarrhoea, producing generally a copious, warm diaphoresis, and, in short, to expel fever and

—— “all its dire attendant train,”

safely, surely and expeditiously, in a period of time varying from four to ten hours from its administration.

But along with the employment of quinine the following means are resorted to:

Called to a patient in the exacerbation, venesection is practised in every case where the pulse will justify it, but it is rarely that this is called for. In fact, the general experience of myself and *confreres* is adverse to the use of the lancet in this affection; the pulse, though often full, and apparently tense, is generally *compressible*. Local bleeding by cups and leeches will usually be sufficient, and if there is tenderness on abdominal pressure, or other symptoms of visceral implication, these should be freely applied. Should symptoms of cerebral irritation be present, a copious flow of blood will be obtained by cups to the mastoidal regions.

This is to be immediately followed by a cathartic dose of calomel, say twenty grains, and in three hours thereafter by twenty grains of quinine, diffused in a wineglassfull of cold water, and if the febrile excitement is intense, thirty grains may be given, but twenty grains will in almost every instance be sufficient for the first dose. Four hours are now suffered to elapse, during which the local bleeding is continued, if required. In this time, in a vast majority of instances, the fever will be considerably reduced, when the quinine should be repeated in doses of six to ten grains every four hours, until thirty-five or forty grains are taken. If in four hours after the first dose has been taken the fever has not sensibly declined, the large dose (twenty grains) may be repeated; but in many hundred cases the first dose has seldom failed in that time to produce an evident declension of the fever, rendering the after employment of the medicine, in doses of six to ten grains, amply sufficient to effect a complete solution of the disease, the great aim being to throw into the system at least thirty-five or forty grains before the period for the recurrence of the next paroxysm.

In cases attended with obstinate vomiting the stomach should be previously calmed by the administration of forty or fifty drops of laudanum, and if this should be rejected the laudanum may be given by the rectum in double that quantity. But if the gastric irritability should not yield to the anodyne, after local depletion also has been employed as before advised, (and in some cases the stomach will not bear the presence of any medicine long enough to induce its effects,) the quinine must be given by the rectum. One drachm of quinine should be suspended in four ounces of mucilage of gum arabic or thin starch, and given at once as an enema; to be repeated at the same intervals as *per orum*, and in thrice the quantity above recommended.

If, however, the stomach will bear the quinine for an hour, the nausea and vomiting will in almost every instance cease.

In some few instances, although the foregoing treatment has been adopted, a slight exacerbation may be perceived towards the next evening; but this will generally be of brief duration, and will be followed by a complete intermission, when the quinine may be given in doses of ten grains every morning for three or four days.

Although I have described the effect of large doses of quinine in this disease, it will be perceived that I have not proposed to give any name to the group of sequences induced by its action, for the reason that no single term yet designated will denote its peculiar properties; but the term "sedative," approximates more nearly to its proper designation than any other, and has generally been adopted by the advocates of its employment.

I could fill the pages of your journal with extracts from the writings of distinguished physicians of our own country to corroborate what I have stated, but, instead of doing so, must refer the skeptic to our Southern and Western journals.

To those who have observed the action of this remedy in the different modes and various conditions of the system in which it is administered, the inference is irresistible, that its effects are solely dependent upon its salutary action on the nervous system. This effect is so often immediate, arresting the disease at once, before it could be *absorbed in the blood, or resolve inflammation*, that we are compelled to regard its action as purely nervous. Now if it be contended that this fever is merely symptomatic of gastro-enteric lesion, none will surely argue with Broussais that quinine arrests the febrile movement by its local application to the inflamed surface; that it has any power to effect this, has never been demonstrated, and is opposed to the experience of all. Or if it be contended with Liebig, that in fever some of the elements of the brain are removed which are supplied by the alkaloids of bark, &c., we may reply, that prior to this restoration of the lost elements of the cerebral substance, the agents have to be subjected to the functions of absorption and nutrition, both so imperfectly conducted amid febrile excitement, and for the performance of which a far greater period of time is necessary, even in health, than is amply sufficient for the sanatory action of quinine. These conflicting, but ingenious theories of two great minds, only serve to make the "darkness visible" that surrounds the essential nature of disease and its remedies.

The effect of quinine upon the pulse is one of the most remarkable of its powers in this disease. I have reduced the pulse from 140 and 150 pulsations in a minute to its normal standard in six hours. Indeed I have in several cases desisted from its continuance, for fear that its sedative effect might be carried too far. The organic lesions, therefore, so often developed in the course of this fever, so far from contra-indicating its use, are certainly relieved by it, or their cure accelerated. Where blood-letting, both general and local, assisted by the other usual antiphlogistic measures, have failed in arresting cerebral inflammation, quinine in a few hours completely arrested the progress of the disease, reducing the pulse, calming delirium, promoting free diaphoresis, and inducing sleep, from which the patient would awake to speedy convalescence, quinine would seem to effect this by allaying the morbid excitement of the nervous system, upon which this increased action of the heart and arteries is dependent, and from the continued excitement of which the organic lesions developed would seem to arise.

It will need but a short experience with this article to convince the careful observer that it possesses the power of allaying nervous irritation, spasm and pain. Neuralgia, whether intermittent or continued, will almost invariably yield to its sedative and anodyne properties.

Those to whom the facts and views herein set forth are entirely novel, may here enquire, "If there is no *danger* in administering quinine during febrile and inflammatory excitement?" Confining my reply to this disease, I unhesitatingly answer, "That there is no danger when given in full and free doses, in the manner which I have indicated!" They may also enquire, "Have all authors on therapeutics committed an error in classing quinine amongst the excitants, in fact, as the first and most valuable of tonics?" To which I reply, that all of the standard authorities on this subject I believe to be perfectly correct; but their knowledge of quinine is confined to its tonic, stimulant and antiperiodic character, as it assuredly is in small, repeated doses, but given in large doses it produces the effects I have described; and therefore not only admissible, but indispensable where small doses would not only be improper but pernicious. I speak from great experience with this article. I have given 60 ounces in one fall, (1846,) and I here declare my belief that armed with this agent, remitting fever, if attacked early, is as certainly and completely under its control as ague. I have given it in the chill, the height of the paroxysm and its decline, complicated with indisputable evidences of lesion of the cerebral and abdominal organs, without any injurious effect in any case; and to sum up in few words, the sulphate of quinine in full doses allays pain, irregular nervous action and restlessness, diminishes the pulse in frequency, fullness and force, removes local determination and equalizes the circulation, by allaying that morbid excitement of the nervous system upon which remitting fever depends, and consequently relieves the local lesions arising from this exalted action of the circulation.

"Hæc certamina tanta
Pulveris exigui factu compressa quiescunt."

Report of a Case of Doubtful Sex.

BY WM. D. HASKINS, M. D., OF RICHMOND CITY.

[Communicated to the Medical Society of Va.]

In September 1850 I examined by request a slave belonging to a gentleman in Mecklenburg county, Virginia, who had been reported as "A curious case of Hermaphrodism," by Dr. S. H. Harris, in a communication made to the 27th Number of the American Journal of Medical Sciences.

In the lower orders of organized bodies *hermaphroditism* is common; indeed, in vegetables it is so prevalent as to have led some to suppose it to be an attribute of the order; and the more nearly the other class of beings approach the vegetable, the more common is this combination of sex. But it is now admitted by nearly all those who have investigated the subject, that no such phenomenon ever existed in the human species as a perfect hermaphrodite, although there are numerous instances of preternatural structure which give the appearance of a double sex. This slave I found to be an instance of this kind; and, as the report of Dr. Harris was calculated to produce a different impression, I have thought it of sufficient importance to justify a re-description.

I must say, in justice to my friend Dr. Harris, that the examination which I was enabled to make was much more satisfactory than the one from which he made the report. His having been made at a time when he did not expect it, he was unprepared with instruments to assist him, and had also to contend with the reluctance which is usually manifested by such persons to have their real situation known. In this instance, nothing but the authority of a master whom he (adopting the masculine pronoun when referring to the case) greatly feared could induce him to submit to an examination.

Anticipating this difficulty, I approached him in a different manner from that resorted to by Dr. H. I met him alone, as it were accidentally, and told him that his situation had been described to me, and I doubted not, from what I had heard of it, that he could be relieved, and if he would confide in me I would promise to observe the strictest secrecy. By this means I succeeded in inspiring him with confidence, and arousing a hope that his difficulty could be removed, whereupon he became communicative, and readily submitted to an examination.

There is nothing very peculiar in his appearance that would arrest attention, until you are told that there is some doubt as to his sex, when it at once occurs to you that his appearance is that of a woman dressed in man's apparel. This conviction is forced upon your mind by observing his stature to be low, frame delicate, hips broad, lower extremities bent or inclined inwards at the knee joints, making him *knock-kneed*, gait shuffling, instead of the firm, strong, elastic step of manhood, face perfectly smooth, exhibiting no trace of beard, although he is now 21 years old. Opening his bosom I found the mammæ,

although not exhibiting the plumpness of virginity, as well developed as you ordinarily see them. Upon exposing the genital organs, however, there is presented a very curious condition of things. The *mons veneris* is prominent and well developed, being covered with hair as in the female, and immediately over the symphysis pubis is situated an organ which resembles almost exactly a dwarfish penis. It is about an inch long and half an inch in diameter, is terminated by a tubercle corresponding in shape and appearance with the *glans penis*. There also appears at first sight to be the orifice of an urethral canal, properly located in the glans, but upon closer examination it proves to be the terminus of a fissure situated on the inferior surface of the organ, formed by the approximation of the edges of what appears to be the nymphæ, which had adhered to, and were stretched over it, so as partly to contribute to the formation of a preputial covering.

The prepuce, I may say here also, consisted of that portion of the labia majora which was separated by the root of the organ, as well as the lower portion of the *mons veneris*. Drawing back this organ upon the *mons veneris*, I introduced a silver probe along the fissure before alluded to, to the distance of about an inch below its root, where the fissure terminated by the apparent union of its lips, forming a cicatrix, which resembled somewhat the raphe of a scrotum. This raphe extended to what should have been the position of the posterior commissure of the vulva in the female. Directing my attention again to the point where the fissure terminated, I endeavored to find, with a probe, the orifice of the urethra, which I supposed existed at or near this place; in this I was not mistaken. I then took a female catheter, and introduced it into the bladder, and there escaped through it about a teacupful of urine. Withdrawing the catheter and inserting it again, at a point a few lines below the orifice of the urethra, I gave it a direction downwards, instead of that of the urethral canal, and found no difficulty in inserting it its whole length into a cavity where its point could be freely moved in any direction. Taking it out, the lower portion was filled with a dark-colored fluid resembling blood, and I doubt not, was the menstrual fluid which had there accumulated.

The lower portion of the labia externa presented a rugose, flabby appearance, and with the raphe or cicatrix dividing them, resembled very much a scrotum deprived of testicles. This condition of the labiæ was doubtless produced by the collection behind them of the fluids escaping from the womb, causing them to act temporarily as the outer walls of a sac containing fluid, the pressure of which varied with the positions of the body. There was evidently a considerable quantity of this fluid in the vagina at this time, as was indicated by the height to which the catheter was filled when withdrawn. I learned from the individual himself that its escape from the vagina was irregular and depended upon the attitude of the body, the only outlet being the small orifice just beneath the urethral opening through which the instrument was introduced. There were, however, regular periodical returns of all those symptoms which accompany menstruation, and so marked were they as to have attracted the attention of

the elder female servants in the family. I also learned from him that his penis (as he supposed it to be) was subject to erections, and that he had desires for the female sex, but had been deterred from attempting connexion by an apprehension that his deformity would be discovered. As regards the former of these statements, it is not at all inconsistent with our knowledge of the structure of the clitoris; for all anatomists have described it as consisting of erectile tissues like those of the penis, and subject to similar orgasms. The latter I think has been satisfactorily accounted for by Dr. Harris, who supposed it to be the results of education: "He having been taught from childhood up to look upon himself as a male, now, in imitation of others, deports himself as such to the other sex."

Thus it appears that this "curious case of hermaphrodism," has been deprived of all its mystery, and proved to be nothing more than a case of occlusion of the vagina, accompanied with hypertrophy of the clitoris.

An operation was proposed; but when I informed him that it would entirely change his assumed sex, and make him a woman, he opposed it with so much earnestness that it was not insisted upon.

Cases Treated in the Armory and Penitentiary Hospitals, With Remarks.

BY JOHN N. BROOCKS, M. D., SURGEON TO THESE INSTITUTIONS.

CASE I.—*Osteo-sarcoma.*

M. Beasley, a mulatto and convict in the Virginia penitentiary, has been in the prison $5\frac{1}{2}$ years, was sentenced for 12 years, and was admitted into the hospital the 27th of October 1846, aged 42—his health was good and his habits intemperate previous to his conviction. He said his mother had a cancer on her breast when he was ten years of age, which was excised, and there was no return of it. One of his brothers had a white-swelling on his foot at the age of 12 years, and lost several bones and recovered. He recollected to have fallen down a precipice when intoxicated, some 12 years since, and striking his head against a large stone, from which he received a considerable shock, and was for a time in a state of insensibility. He has for the last three years had frequently slight pain in his jaw, so slight however, as not to give him any uneasiness until last March, when it became more violent and assumed a more serious character; sometimes acute and lancinating, and at other times dull and aching, and at no time free from pain. His gums became spongy and insensible to the touch, and often bled copiously. There was no marked change in his condition until June following, when he had a tooth extracted from the affected jaw. Its root was decayed. This gave him no relief. The gums continued to swell and to bleed. His face commenced swelling in September, and the tumor became hard and unyielding to pressure. The remedies administered had no influence on the progress of the disease; and in consultation with Drs. Cunningham and

Deane, it was decided that no benefit could be afforded by an operation, and that it would be cruel to perform one. The remedies used were principally the different preparations of iodine and opium internally, and soothing and emollient applications to the tumor. The disease, in its uninterrupted progress, involved the whole of the right superior maxillary bone, and extending to the eye, destroying it and shooting up a fungus from its orbit. The tumor attained to the size of a man's fist—it was irregular and lobulated. He died the 3d of December.

Autopsy the next day in the presence of Dr. Cunningham and myself, by Professor J. Wyman, who was so kind as to make it for me. "The disease was found to be a malignant tumor of the upper jaw, involving principally the antrum extending to the orbit of the eye, destroying the floor, the outer walls and part of the roof. The malar bone had entirely disappeared, also the alveolar portion of the maxillary bone behind the bicuspid teeth, and the palatine process nearly to the median line. The interior of the tumor was disorganized and in a gangrenous condition."

Remarks.—The prognosis in this disease is always unfavorable. When once developed, we have no reliable means of arresting its progress; our treatment, therefore, is necessarily palliative—limited to such remedies as are best calculated to allay irritation and to soothe the pains of the suffering patient. Should an operation be resorted to, in most cases the disease will return and seize upon some more vital organ and hasten the dissolution of the patient. We are as yet almost entirely ignorant of the causes of this most malignant affection. It has been attributed to syphilis, to rheumatism, to hereditary taint, to cancer, to local injury, and in many cases no cause can be assigned for its production. It may attack any of the tissues of the body, but it begins usually in the periosteum and the cancellated texture of a bone, and its distinctive and pathognomic characters will be modified by the part affected and the constitutional tendencies of the subject. The antrum, the alveolar depressions of the jaws, the palatine bones forming a part of the roof of the mouth, the floor and the sides of the nostrils and the floor of the orbit, have been found to be most frequently the seat of this disease. All ages and both sexes are liable to this disease, but it occurs more frequently from infancy to forty years of age.

CASE II.—*Scirrhus of the Stomach.*

W—, of the public guard of Virginia, and formerly in the United States' service, age 55, constitution had been greatly impaired by exposure and by previous intemperance, was admitted into the armory hospital the 13th of November 1848. He had torpid liver and catarrhal symptoms, with pain of right side. I ordered cups to be applied to his side, and ten grains of calomel and rhubarb to be given him. 14th, tartar mixture; 15th, alterative doses of calomel and ipecacuanha every four hours; 16th, had pain of stomach—cups to epigastrium and flaxseed tea for drink. 17th, blister to stomach,

powder at night. 19th, stopped treatment. Dec. 10th, pain of side returned. Cups were applied to his side, and five grains of calomel and fifteen of rhubarb were given. 11th, blister to stomach and three grains of calomel at night. Anodyne and alterative doses of calomel were directed to be given *pro re nata*, until the 18th, when he complained of a burning sensation in the stomach. Gave him lime-water and milk. This was continued until the 31st, when he thought he was able to go to duty, and was discharged on that day. From the persistence of this sensation in the stomach I now suspected that organic changes were in progress, and that scirrhus degeneration was going on in the stomach. I gave him this opinion, and suggested to him the propriety of being discharged from the guard, and of obtaining some employment on a country farm, as better calculated to render his condition more comfortable and to prolong his life. Being entirely dependent on his pay in the guard, and hoping that he would soon be better, he was unwilling to follow my advice, and preferred to remain longer in the company.

January 22nd, 1849. He returned to the hospital with increased burning of the stomach. Ordered cups to the stomach, and lime-water and milk. The lime-water and milk produced a very soothing effect, and was continued until the 30th, when I discovered a pulsating tumor in the epigastrium and in the region of the cardiac orifice of the stomach. I directed him to keep perfectly still, and to continue the lime-water and milk. On the 31st I made a careful stethoscopic examination, and found that it was not an aneurism. As the distinguishing characters of this disease were not observed, it was my opinion that it must be some indurated body lying over the artery, and received its pulsation from the artery beneath; and from the history of the case and the location of the tumor, I supposed that it was scirrhus of the cardia. The soothing and anodyne treatment was directed to be pursued, and five drops of a solution of iodo-hydrargyrate of potassium to be given three times a day in water. In a few days the tumor began to change its seat and gradually to move to the right side, until it reached the region of the pyloric orifice of the stomach, and it remained there. Regarding it to be a very interesting case, I invited several of my medical friends to see it with me at different periods of the disease, and at different stages of its transition. Drs. Minor, Nelson, Gibson and Haxall saw it; the former, when it was located in the epigastric region and pulsating; the latter, when in the pyloric region without pulsation. Dr. Gibson saw it when about midway between these points. The iodine and anodyne treatment was continued, with an occasional enema and other auxiliary remedies, during its progress, as they seemed to be required. He died on the 16th of April. After eating, he suffered great pain for some months before his death; and a short time before he died, he vomited and passed a large quantity of a dark, offensive, glutinous mass which adhered firmly to the vessels, and was of a coffee-ground color. On the next day, the 17th, I made the autopsy in the presence of Drs. Haxall and Minor. The stomach was found to be greatly enlarged and distended with a fluid of a gruelly consistence and color—its coats very much at-

tenuated, and its mucous one softened and disorganized, and could be readily detached with the handle of a scalpel. The pyloric orifice was scirrhus to the extent of an inch or more, and it would admit the end of the little finger if slight force was used. The other organs were not carefully examined, they, however, on a superficial view, had a normal appearance.

Remarks.—How long this disease had existed, I have no means of deciding. He had been infirm and in delicate health for some years, complaining mostly of dyspepsia, biliary derangement and costiveness, but was enabled to attend to his military duties. The most remarkable feature in this case, and one for the solution of which I can offer no satisfactory explanation, was the change in the seat of the tumor. He was extremely emaciated and almost ex-sanguine, and his death was evidently caused by starvation, his stomach not being in a condition to digest and assimilate food sufficient to sustain life.

CASE III.—*Lumbar Abscess.*

C—— of the public guard of Virginia, age about 45, constitution delicate; had been intemperate; was admitted into the armory hospital the 1st February 1850, with pain and slight swelling of his left foot; both pain and swelling soon disappeared by the application of poultices and the use of salts. On the 15th, he had the ordinary symptoms of catarrh, for which I prescribed tartar mixture and cups to his temples for pain of his head. 14th, gave him 10 grs. calomel and rhubarb; 16th, tartar mixture; 17th, salts; 18th, had pain of loins, directed cups and gave dose of salts; 24th, pain of loins continuing and extending to hip, and down the thigh and in the left groin, with some swelling in the groin; the pain was increased by extending the limb; gave 30 drops wine of colchicum three times a day; 26th, Dr. Haxall saw him for me, (I was out of town;) hip bath and 10 grs. Dover's powder were ordered; 27th, retention of urine. Catheter introduced; colchicum, 25 drops to be given in a tablespoonful of hyd. potash mixture morning, noon and night. March 1st, I saw him, he complained more of his back, directed blister to loins and 10 drops of a solution of iodine and hyd. potash three times daily; 3d, had considerable fever and violent pain in his hip and thigh, his suffering was very great, especially at night—ordered cups to hip and 10 grs. calomel and 6 Dover's powder, and the part to be covered with a warm poultice; 4th, 5th and 6th, lime-water and milk for sickness of stomach, and introduction of the catheter for retention of urine on the 4th. March 7th, colchicum; 9th, iodine solution and 6 grs. of Dover's powder at night; 10th, retention of urine, introduction of the catheter, and salts in the morning and Dover's powder at night. Retention of urine again occurred and required the introduction of the catheter. In every instance in which laudanum or Dover's powder was administered, this effect followed; 11th, some ardor urinæ, gave juniper berry tea; 12th, cups to hip; 14th, hip bath morning and evening and colchicum; 16th, blister to hip, and colchicum; 18th, 5 grs. hyd. potash three times a day, and 40 drops of laudanum, with

the same effect on the function of the bladder. I had again to introduce the catheter—hyd. potash was continued until the 22d, gave 10 grs. calomel and rhubarb, and directed vol. liniment to be applied to the hip and thigh; 23d, vol. liniment and colchicum. April 1st, had diarrhœa, directed acetate of lead and opium in pill every two hours, until it should be arrested; 22d, abscess pointed in the loins over the crest of the ilium, and fluctuation was very perceptible. I made a free opening with a lancet—a large quantity of pus escaped and the pain was greatly diminished; 23d, matter had continued to flow very profusely, and the patient a good deal debilitated, with some sensation of chilliness—gave infusion of bark and spirits mindereri. From this time his condition required a supporting system of treatment, and a more generous and nourishing diet was ordered. To permit the matter to escape freely, and to prevent its being at any time confined, I was very careful to keep the orifice free and open. For months large quantities of matter, sometimes mixed with blood, were discharged—hectic fever came on, and he became very feeble and greatly emaciated; poultices were kept constantly applied to the loins. July 10th, I ordered quinine and porter freely. About the middle of September the discharges of matter ceased—the wound healed, and his improvement was rapid—he was discharged from hospital treatment the 18th of October, and is now, (January 14th, 1851,) perfectly well and attending regularly to his duties as a soldier of the guard.

Remarks.—This was a case of very great suffering until the pointing of the tumor and the liberation of the matter by the lancet; indeed, medicine seemed to have had little or no influence in alleviating his sufferings. The pain appeared to continue unabated, regardless of the remedies used—opium, apparently, had an effect which I never witnessed in any other case, that of taking from the patient the control over the function of his bladder. As this occurred so frequently, and invariably after its exhibition, and at no other time during his long illness, and as no obstacle was ever found to the introduction of the catheter, I am constrained to believe that the retention was induced by the opium acting in some way upon the nervous system.

This is, fortunately, a very rare disease in America, for according to high authority, “very few patients recover from this disease under any circumstances, and those that escape remain puny and debilitated.” Up to 1827, Dr. Physic never saw but one case in this country “unconnected with disease of the spine.”

CASE IV.—*Traumatic Tetanus.*

John C. Bryant, aged 31, had been in the prison more than 3 years, of previous imperfect health and intemperate habits. He was sentenced for 15 years—whilst drawing water from the well in the yard, he had vertigo and fell, and was caught in the massive wheel attached to its machinery, and received a compound fracture of the right fore-arm, (both bones broken,) and several wounds of the face and scalp, on the 17th of September last, and was brought to the hospital—the wounds were dressed and proper splints were applied

to the limb. He appeared to be doing well up to the 28th, when I observed some swelling of the arm, blisters on the hand, and a slight bluish color. I took off the splints and bandages, and found that the bones had not united, and that a large quantity of matter had formed within the two days past—since which time I had made an examination. This rendered farther effort to save the limb unsafe, and it was thought advisable to resort to immediate amputation as the only means of preserving his life. I requested Dr. Marx to assist me in the operation. After examining the case, he concurred with me in its propriety and necessity, and in the morning of that day, assisted by him, I amputated the limb some 3 or 4 inches below the shoulder joint.

He bore the operation well, and under the use of brandy his system reacted perfectly. After the dressings were applied he suffered scarcely any pain, and enjoyed some sleep. It was very warm weather, and several of the windows of the hospital were up, and a light coverlet placed over him. A decided change took place in the night—it turned suddenly cold, and before the change was observed he was chilled.

29th.—When I saw him, his jaws were firmly locked, so much so as to resist considerable force to open them—his pulse was soft, rather weak, and more frequent than usual, and his surface was covered with slight perspiration, and he complained of pain in the region of the sternum. I caused him to inhale ether, and in a short time he could open his mouth partially—cups were applied to the spine, and a flax-seed poultice to the stump—3 i. tincture opii. was directed to be given every 2 hours until drowsiness or sleep was produced, and if he should be unable to swallow, 3 ij of tincture opii. was to be given by enema every 2 hours, and to keep him under the influence of ether by its occasional inhalation, and 20 grs. of calomel were given. Sleep was produced; and whilst he was sleeping the muscles were relaxed, and his mouth remained wide open; but the instant he awoke the spasms returned, and would snap the jaws violently together, and they would remain firmly clinched until he again fell to sleep. 6 o'clock, P. M., the spasms increased in violence, and the muscles concerned in respiration so powerfully contracted as to threaten suffocation. I directed a blister 3 inches wide to be applied to his spine its whole length, and a cathartic and an enema during the night, unless his bowels were moved. Finally, the spasms of the respiratory muscles became so great as to arrest this function, and he died at 9 o'clock, P. M., with the symptoms of strangulation.

Remarks.—The pathology of tetanus is very obscure, as is the case with the diseases of the nervous system generally. Most writers, however, I believe, regard the spinal cord and the afferent nerves to be most affected, and the brain not to be involved. In the cases which have come under my observation, there was no evidence of disease of this organ. Pathologists agree in the opinion, that the spinal cord is either irritated, inflamed or congested. The treatment of this disease has been very unsatisfactory in its results. We occasionally see reported in the periodicals of the day cases cured by different modes of treatment, but all such cases followed very slight injuries, from which the system had sustained but little shock, and the conse-

quent irritation not great or of long continuance. I have never seen any case reported as cured, where the primary injury was great and the system received a considerable shock; and hence the universal testimony of the army surgeons is, that *all* cases are fatal in their experience. They meet with cases occurring after gun-shot wounds, and other serious injuries. Before we can hope to contend successfully with the diseases of the nervous system, we shall have to learn more of the laws which control its movements; and as interesting investigations are now in progress, we do not despair that some gifted member of our profession may not yet be enabled to elucidate its forces and to indicate the means with which its diseases may be made more obedient to treatment. I do not regard opium as a curative agent in the treatment of this disease, but as acting beneficially, by allaying irritation, moderating the spasms, and preserving the vital powers until cups, blisters, purgatives and other remedies can act upon the spinal cord. I advise ether for the same purpose, and I believe it to be more efficient than opium.

N. B. With the exception of the treatment, of which I took notes at the time, the above cases have been reported from memory.

January 1851.

A Case of Ovarian and Peritoneal Dropsy.

Paracentesis during period of eight months and a half—Attempted extirpation—Failure—Death on 23d day—Autopsy. BY JAMES BOLTON, M. D.

June 25, 1849. N. G., aged 39—living in concubinage, never pregnant. Saw her in consultation with Dr. C. B. Gibson. She had previously been under the care of Dr. John Cullen, and had taken, by his advice, large quantities of iodide of potassium, iodide of iron and sarsaparilla, besides applying active counter-irritation to abdomen.

Present condition.—General debility; disturbance of respiration and digestion; great enlargement of abdomen, with regular contour in both upright and horizontal positions; distinct fluctuation. Careful manipulation proved existence of tumors in both iliac, and pubic regions; percussion exhibited some symptoms of peritoneal, and some of ovarian dropsy.

Treatment.—Tapping below umbilicus;—9 quarts of greenish, tenacious serum drawn off.

Effects.—Very great relief; tapping borne very well; iliac and pubic tumors very distinct.

July 13.—Uterine examination *per vaginam*—os and cervix uteri healthy and normal, pelvic cavity filled with tumors. She menstruated a few days previously, and has done so regularly.

August 9.—Second tapping, with results similar to those of first; general health much improved.

September 25th.—Third tapping.

October 28th.—Fourth tapping.

November 2d.—Left tumor much enlarged; tapping in left iliac region;—nearly two quarts of semi-purulent fluid, probably from ovarian cyst, drawn off.

Nov. 30th.—Fifth tapping below umbilicus.

Dec. 1st.—Sixth tapping, about an inch above umbilicus, drew off nearly a quart of fluid similar to that from iliac region.

Dec. 25th.—Seventh tapping, below umbilicus.

1850, Feb. 3d.—Eighth tapping, below umbilicus, also above umbilicus, and in left iliac region; at all three places in immediate succession.

March 4th.—Ninth tapping, below umbilicus, and immediately after in left iliac region; fluid from latter having at first a reddish, limpid appearance, but afterwards its usual color and consistence. Patient not relieved as usually; complains of distressing pains in right lumbar and hypochondriac regions, which are filled by a firm tumor; obscure fluctuation; two deep punctures with grooved needle did not reveal existence of fluid. Patient decidedly cachectic; has been falling into this condition during the past month.

March 10th.—At the urgent request of patient and friends, Dr. Gibson attempted extirpation of tumors, assisted by myself, Drs. C. P. Johnson and A. E. Peticolas. Anæsthesia produced in 10 minutes by about 3 ij. chloroform, and effects very favorable—sustained about 25 minutes by an additional 3 i. chloroform.

Operation.—Incision in course of linea alba, commencing $2\frac{1}{2}$ inches above umbilicus, passing on right of it nearly to symphysis pubium; considerable thickness of adipose tissue, peritoneum much engorged and thickened; on opening this membrane a large quantity of fluid gushed out; intestines extremely flaccid, tumors occupying both iliac regions, pubic, both lumbar and extending into hypochondriac; extensive adhesions to walls of abdomen and intestines; pelvis filled with tumors; cauliflower excrescence on apex of right tumor. Operation abandoned; wound closed with interrupted sutures and adhesive plaister; strip of linen soaked in collodion laid over all, and well sealed at edges with collodion to exclude air. Nausea produced by chloroform continued during the day: pulse feeble—℞ Gum camphor, gr. ij., and morph. sulphat. gr. $\frac{1}{4}$, *pro re nata*.

11th.—Passed night pretty well; nausea, prostration of strength; no tenderness of abdomen; riced barley water.—℞ Emplast. sinapi, ad. epigast.

12th and 13th.—No material change.

14th.—Much improvement; wound closing; large, ill-looking fungus protruding just above umbilicus; fistulous opening above it, from which fluid of ascites drains.

23d.—Continued in much the same condition until to-day; discharge more fetid with cadaverous order.

April 3d.—Symptoms gradually worse; loss of strength; tumid abdomen, without tenderness on pressure.

Died 24th day from operation.

Sectio cadaveris.—Large quantity of fluid gushed from peritoneal cavity; ovarian tumors filling pelvis and most of abdomen; all these contained fluid varying from a watery consistence to that of cream, and from a light greenish tint to a yellowish color; their surfaces pre-

sented in some places the appearance of granulations or cauliflower excrescences, and in others, of cerebriiform matter. The uterus was healthy, and not enlarged.

REMARKS.—That the operation of ovariectomy may be performed with safety, any one who will take the trouble to consult the reports, particularly of the last few years, may soon satisfy himself. That it is extremely hazardous, is admitted. The question then arises, is it justifiable? I answer unhesitatingly, as in all other like cases, *an extremely hazardous operation is justifiable for the purpose of curing a fatal disease*. Acting simply upon the doctrine of probabilities, the patient has a right to demand that course which gives the best chance for his life, and the physician is bound to recommend it. This principle is admitted continually in the various capital operations. The writer has known an instance of recovery after amputation for dry gangrene, which was extending. The operation had been declined by several surgeons, who abandoned the patient to his miserable fate.

In the present instance the opinion was very properly unfavorable to the success of the operation. The tumors were known to be numerous and extensive, and there was reason to believe that adhesions existed. The patient had been gradually declining during the previous month. She was believed to have reached that point in the course of her disease when she must inevitably sink in a short time, unless she could be rescued by an operation. If the attempt were delayed any longer, she would soon be beyond the reach of art. At this critical period the whole case was fairly laid before the patient and friends, and their decision was adopted. Although the case terminated fatally, I believe that decision was correct.

J. B.

EDITORIALS, &c.

The Stethoscope.

It is a pleasant duty to acknowledge the debt of gratitude which we owe to the *public press* generally throughout Virginia, for their flattering notices of our first issue, and their commendations of our enterprise. We would be pleased to exchange with many who send us their paper, but we must be denied the pleasure of doing so, because the wise governors of the land have not deemed the periodical literature of sufficient importance even to allow us the poor privilege of exchanging, *even with one another*, free of postage. Newspapers noticing us will be thankfully received.

The Stethoscope has met with a reception among the physicians of the state, which, in cordial welcome, far exceeded our expectations. It would be very agreeable, if time permitted, to answer the

many letters we receive daily from our brethren, cheering us on in our labors. If they be an indication, then we are proud to have established a work which meets with their approval. If our success seemed problematical at first, it is no longer so; and for the information of those who may have waited to subscribe, to see if we would succeed, we feel warranted now in assuring them that *we have succeeded*, so far as to place it beyond the shadow of a doubt that our work is permanently established, and they may now safely forward their names as subscribers.

We would here call attention to a necessary rule—that subscriptions must be taken *by the volume* and not the year, unless the edition of back numbers is exhausted; and the sooner we are furnished with the names of those who intend to become subscribers, the sooner will we be enabled to make permanent arrangements as regards the number of copies to be printed.

It is proper to say, that it was deemed more advisable to throw the advertisements on the last two leaves than to have a double cover. This we hope no one will complain of, as we are entitled to a fly leaf of the same size whereon to string out the contents, as is done in many publications. Moreover, upon comparison, we find that our sixty pages contain more matter than any sixty-four page monthly medical journal in the United States; and a cotemporary has noticed us as the cheapest journal out.

Our size and cheapness render two things necessary. First, a large quantity of original matter; and as we believe the principal contributions from our section will be furnished for publication here instead of sending them away, we do not fear a lack of them. We again call upon every practitioner in the country to send us details of his interesting cases, in letter form, if preferred. Original articles will be preferred to selections, even though they occupy a very large proportion of each number.

The second necessary is, a large subscription list. The size and price render a full list necessary to pay expenses; and it must be very large to be the source of any profit, after bestowing the time and labor upon it requisite to edit a monthly journal.

Our original matter has so completely filled up the present number, that it is necessary to defer many selections as well as other things of importance. Readers, doubtless, will find no objection to this; we ourselves hope that it may be frequently the case.

The article of Dr. Merritt on congestive fever, from its length, has excluded much other matter from our present issue. It may be deemed prolix by many of our readers, but as the subject of which it treats is one of great practical importance and is a disease of the South, we have departed from a rule we have adopted, not to give up so much space to one subject. We commend the article to a careful perusal, as it comes from a gentleman who has enjoyed great experience in a region of country where congestive fever is a prevailing disease.

Our Exchanges.

In addition to the list announced in our January No., we are in receipt of the following medical journals. There are others which we would like to have on our list, but which have not been sent to us—among these is the *AMERICAN JOURNAL*, &c.

The Charleston Medical Journal and Review, bi-monthly, handsomely published, and containing much good matter, which we have not room to notice.

The New Jersey Medical Reporter and Transactions of the N. J. Medical Society, edited by Dr. JOSEPH PARISH, Burlington. Our thanks for its notice of us are due.

American Journal of Insanity, published quarterly by the N. Y. State Lunatic Asylum. The three last numbers received.

The Medical Examiner.—This popular monthly is now entering on its seventh volume, and we believe its popularity is increasing daily.

The New Orleans Medical and Surgical Journal, bi-monthly, edited by Dr. A. HESTER. Its first article is 30 pages long, being a portion of an article on *congestive fever*, by S. AMES, M. D., of Montgomery, Alabama. It contains much other valuable matter.

The Philadelphia Lancet, (first two numbers)—a quarto of six pages of matter, semi-monthly, edited by Dr. THOMAS DUNN ENGLISH.

We thank the authors for several introductory addresses, among which is one from Dr. HORACE GREEN, Prest. N. Y. Medical College and Prof. Prac. Med. This address abounds in high-toned sentiment, and merited the honor it received of being published by the class.

We have received a paper on "*The Curability of Consumption*, considered in reference to a new method of ascertaining the disease of the lungs," &c., from the author, Dr. M. MATTSON, fellow of the Massachusetts medical society. This new method is to ascertain the vital

capacity of individuals, or the amount of air which they can inspire, by means of an instrument called the spirometer. This paper was published in the *Boston Medical Journal*, and is one which will doubtless elicit some examination into the subject wherever it is read. We think the author underrates auscultation and overrates the *new method*.

Our reception by the medical press generally has been very flattering; and, considering that we are somewhat of a greenhorn as yet, we have been fortunate in not drawing down more raps over the knuckles than we have. The *Boston Medical Journal* complains and justly, that we "cut down his number of pages one-fifth," &c. We make the *amende honorable* with pleasure. That sheet has *twenty pages*, and of good matter too. As to the "withholding the modifying circumstances respecting the colored students," &c., it is unimportant. The medical faculty of the Harvard University now announce that in future *colored men* will be excluded from their classes. The marriages of other doctors than those of Massachusetts are published in the *Journal*. We stand corrected, and as a *bachelor*, it is a matter of some interest to us. The plan is a good one; for it informs many of the advance in life made by their old classmates, though distant and almost forgotten.

The *New York Medical Gazette* thinks hard of our saying that Virginia is destined to become the seat of medical learning for the South, &c. Now, in the same number, we find the following most sanguine prediction and in *italics*: "*In ten years, the seat of medical learning in America, since the establishment of the Republic, claimed by Philadelphia, will be transferred to the great metropolis.*" Still we think we have as much right to hope and expect to say why Virginia will be the medical centre for the South, as our friend has to prophecy that New York will be the great centre of medicine in America. As for the medical colleges further South, we wish them the greatest possible success. And if they exert themselves, we believe that in a twelvemonth the editor of the *Gazette* will not congratulate himself "that there are now several hundred Southern students at the North, and a large proportion of them from Virginia."

Tilden & Co.'s Extracts.

We have received *ten* samples of different extracts, prepared by Messrs. Tilden & Co. of New Lebanon, N. Y. They are beautifully put up in half pound bottles, each cased in a box, and hermetically

sealed. We thank the manufacturers for the present, but a proper examination of them will tax our time just now more than can be afforded. However, they shall be duly examined and reported on as early as possible; and, like all such things, will be dealt with according to their merits. Suffice it to say for the present, that they come highly recommended from many good sources, and purport to be prepared in a different manner and a more scientific one than that usually adopted. They are prepared *in vacuo*, at a very low temperature, thus the active principle of the vegetable is retained in an unimpaired and concentrated form. We have examined the *extract of conium* before us. It is refined, and deprived by a peculiar process of its coloring matter, of chlorophylle and albumen, which are liable to decompose and prevent its keeping well in humid climates.

Messrs. Tilden & Co. are spoken of on all sides as being thoroughly competent and prepared to produce articles in every way equal to those which are now imported; and if they will carry out their "intention of supplying the profession with such preparations as can be entirely relied on," these extracts will be very generally used throughout the country, both because they will be *cheap* and convenient.

Messrs. Purcell, Ladd & Co. are Tilden's agents for Richmond.

The Medical Society of Virginia---Act of Incorporation.

We would call the attention of every physician in Virginia to the subjoined charter and constitution, and the important by-laws of the Medical society. It will be seen that the whole profession can and should be enrolled, and that a county and state organization, which would benefit individually every member of it, can be most easily effected by the establishment of branch associations. Our want of space renders it necessary to defer a fuller notice of it, but meanwhile we hope to see a continuance of the rapid increase of its members, from every county, which has been steadily going on, and in another year we confidently expect that it will number a thousand members. Then the reform and regeneration now so necessary will be easily effected.

"An Act incorporating the Medical Society of Virginia.

"Whereas it has been represented to the general assembly that sundry citizens hereinafter named, have for several years associated themselves as a society, with a view to the advancement of medical knowledge throughout the state of Virginia; and that the accomplishment

thereof would be greatly facilitated, and their labors rendered more extensively useful, if they were vested with some of the attributes of a corporate body :

" Be it therefore enacted by the general assembly, That William Foushee, Senior, George Cabell, George Watson, James Henderson, John Hays, Micajah Clark, Thomas Nelson, William A. Patteson, James Blair, William H. Hening, James Warrall, John Adams, Lewis W. Chamberlayne, Robert H. Cabell, R. A. Carrington, John Dove, Branch T. Archer, William Tazewell, Nathaniel Nelson, Edward H. Carmichael, R. L. Bohannon, Philip Augustus Klipstine, William R. McCaw, as well as all others who may hereafter be admitted to membership with them, be a body corporate and politic by the name of the "*Medical Society of Virginia*;" that they shall be capable of suing and of being sued in any of the courts of this commonwealth ; that they shall have perpetual succession, and be authorized to use a common seal.

" Be it further enacted, That it shall be lawful for the Medical society thus constituted to enact all such by-laws as they may deem necessary and proper for attaining the objects of their institution, and not contrary to the constitution or laws of the United States or of the commonwealth of Virginia.

" Be it further enacted, That it shall be lawful for said society to require of persons admitted to membership therein, such admission fees, and annual contributions, as a legal quorum thereof may from time to time enact ; and if any member shall refuse or fail to pay such admission fee or annual contribution, that the same shall be recoverable by the society, on motion with ten days' notice, before either of the superior or inferior courts of law held in the city of Richmond, or in any county, city or corporation whereof the member so refusing or failing to pay shall be an inhabitant.

" Be it further enacted, That it shall be lawful for the said society to hold, under any title recognized by the laws of Virginia, such buildings as may be required for their immediate personal accommodation as a society, for lecturing rooms, for a dissecting room, and such other apartments as may be manifestly necessary or convenient for the promotion of medical knowledge.

" Be it further enacted, That it shall be lawful for the said society to hold, under any title recognized by the laws of Virginia, whether coming to them by purchase, donation or otherwise, so much real property, exclusively of that mentioned in the fourth section of this act, whereof the clear income, on an average of ten years, shall not exceed two thousand dollars per annum.

" Be it further enacted, That this act shall be at all times subject to be altered, amended or repealed, as the legislature of Virginia shall deem necessary and proper.

" This act shall be in force from the passing thereof."

The above is a true copy of an act passed by the legislature of Virginia, the 2d January 1824.

(Signed,)

WM. MUNFORD, *Clk. H. of D.*

Constitution of the Medical Society of Virginia.

The objects contemplated by the MEDICAL SOCIETY OF VIRGINIA, are—the collection, diffusion, interchange, preservation and general advancement of medical knowledge throughout the state.

Its constitution embraces the qualifications, election and duties of its members, the election or appointment and duties of its officers and committees, and provides for its own amendment, whenever the necessity and propriety of amending it shall be sufficiently obvious. The following are its provisions :

ARTICLE I.

Of Admission to Membership.

Sec. 1. Every candidate for membership must make application to the society by a written document, bearing his own signature. Such application is to be presented and seconded by members having a competent knowledge of the applicant, and can only be received at a stated meeting. The application shall lie over for one month, at least, for the consideration of the members, after which the candidate shall be ballotted for, and the approving votes of three-fourths of the members present shall be necessary to his admission.

Sec. 2. In every city, town or county of the state, associate medical societies may be formed, the members of which may become members of this society, upon the payment of the requisite initiation fee, provided their qualifications be such as are required in the following section.

Sec. 3. But previously to a candidate being ballotted for, his qualifications shall be duly ascertained, and shall be as follows :

- (a) The candidate shall have received, from some public school, society, college or university, legally authorized, a degree of bachelor or doctor of medicine or surgery, or diploma or other certificate, evidencing his capacity to practise medicine or surgery.
- (b) When such degree, certificate or diploma has not been obtained, the candidate shall furnish satisfactory evidence of having regularly attended, in some public school of medicine, lectures on anatomy, surgery, the theory and practice of medicine, materia medica and chemistry ; and of having passed in such academical attendance two full courses, and afterwards maintained a respectable standing as a practitioner for five years.
- (c) Or that he shall have attended one course of lectures in the before mentioned branches of medical science, and shall have afterwards practised with credit for eight years, submitted to a satisfactory examination before the society, presented a medical essay, and publicly defended it.

Sec. 4. The person nominating a member shall be deemed responsible for all charges occurring against his nominee, for twelve months next ensuing the period of his election.

ARTICLE II.

Of Honorary Members.

Sec. 1. Honorary membership shall only be conferred on distinguished medical characters residing beyond the limits of the commonwealth of Virginia, on presidents of the society who shall have discharged their official duties with fidelity and attention, and on members of five years standing, who shall have rendered eminent services to the society.

Sec. 2. The election of honorary members can only be made at the annual meetings of the society, and not more than four shall be elected in any one year.

Sec. 3. The election of honorary members shall be by ballot, and the concurring votes of four-fifths of all the members present shall be necessary to an election.

Sec. 4. Honorary members shall be exempted from the payment of all pecuniary contributions to the society.

ARTICLE III.

Of the Duties of the Members.

Sec. 1. All the members of this society (honorary members excepted) shall, at the time of their admission, pay to the society a fee of one dollar, and shall also pay once a year, (to fall due on the 1st day of January, each year,) such contribution as the by-laws may from time to time prescribe.

Sec. 2. A copy of any communication, after being read to the society, shall be delivered to the librarian.

ARTICLE IV.

Of Resignation of Membership.

Any member wishing to withdraw from this society, shall be permitted to do so, on his written resignation, or the written request of the secretary of the associate society to which he belongs, after he shall have presented the treasurer's receipt for all moneys due.

ARTICLE V.

Of Certificates of Membership.

Every member shall be entitled to a certificate of his membership after he shall have complied with the requisitions of the 3d article. The form of such certificate to be prescribed by the by-laws.

ARTICLE VI.

Of Forfeiture of Membership, or other Censure.

Sec. 1. Any member who shall be guilty of gross misconduct, either as a member or citizen, or shall be palpably negligent of his duty, either as a member or officer, shall be liable to expulsion, or such other censure as the society may approve.

Sec. 2. But no judgment of expulsion, suspension, or other censure, shall be passed against a member, till after at least one month's notice and a fair trial. And no member shall be expelled unless by the votes of three-fourths of the members present. And should such member come forward within the six months succeeding his expulsion, and offer a sufficient explanation, he may be reinstated without expense, provided three-fourths of the members present agree thereto.

ARTICLE VII.

Of the Meetings of the Society.

Sec. 1. The society shall be convened in the city of Richmond on the third Tuesday of every month.

Sec. 2. Five ordinary members shall constitute a quorum for the transaction of all business to which the society is competent.

Sec. 3. Special or intermediate meetings may be held by resolution of the society at its stated meetings, and at such other times as the president shall appoint, at the request of any three members.

Sec. 4. The stated meeting in May shall be considered the annual meeting.

ARTICLE VIII.

Of the Election of Officers and Committees.

Sec. 1. The officers of this society shall consist of a president, a senior and a junior vice-president, a recording and a corresponding secretary, a treasurer, a librarian, and a committee of publication, of three members; all of whom shall be chosen by ballot at each annual meeting, and shall continue in office for twelve months, or until another election; and the election shall have precedence of all other business at that meeting, after reading annual reports.

Sec. 2. In conducting the annual election, should more than two members be ballotted for any office, the member having the smallest number of votes on the second or any subsequent ballot, shall not be voted for in such ballots as may follow.

Sec. 3. In all cases of election, a majority of the suffrages of the members present shall be necessary to constitute an election.

ARTICLE IX.

Of the Duties of Officers and Committees.

Sec. 1. It shall be the duty of the *president* to preside at all meetings of the society, to preserve order, and regulate the debates according

to the most approved rules of parliamentary proceeding: *Provided*, Any member shall have the right of appealing to the society from the president's decision on any question of order. The president shall appoint all special committees, unless otherwise ordered, except the committee of publication.

Sec. 2. In the absence of the president, the *vice-presidents*, according to seniority, shall perform all the duties appertaining to the chair; but if neither be present, the society shall elect a member to act as president for that meeting.

Sec. 3. The *recording secretary* shall keep a correct list of all the members of the society, arranged in the order of their admission. He shall keep accurate minutes of all the proceedings of the society, including the names of members present, and from time to time transcribe them into the record book in a fair and legible hand.

Such papers of the society as are not necessarily recorded, he shall preserve in distinct and regular files, holding them always accessible for the inspection of the members.

Whenever any special committee is appointed, the recording secretary shall furnish the chairman with a copy of the minute of appointment, as well as any documents that may be essentially connected with the duties of the committee, or the chairman may require of him.

Sec. 4. The *corresponding secretary* shall notify all members and officers of their election; he shall write and answer letters in behalf of the society; and, in general, manage their distant correspondence, as particular exigencies or the resolutions of the society may require.

He shall read to the society all communications and answers which he may have received or made during each preceding recess, and then deliver them to the recording secretary or the librarian, according to their several characters.

Sec. 5. The *treasurer* shall receive all moneys arising from the admission and contribution of members, and shall pay the same agreeably to the orders of the society, certified by the member presiding.

He shall keep regular accounts with the society, and between the society and the members thereof; and immediately preceding each annual election, or oftener if required by the society, shall render detailed statements of the business of his department, and shall deliver up to his successor the books, papers, money, or other property of the society remaining in his hands.

For the faithful performance of his duties, the treasurer, before entering thereon, shall execute bond to the president and vice-presidents for double the amount with which they, or any two of them, shall judge he may probably become entrusted during his continuance in office.

Sec. 6. The *librarian* shall have under his custody, and it shall be his duty to take special care of, all the books, essays, and whatever may constitute any part of the literary or scientific stock of the society.

The books he shall give out for the perusal of the members under such regulations as the by-laws may direct; but no manuscript shall be carried out of the library without a special order from the society, except by the members of the committee of publication.

Sec. 7. It shall be the duty of the *committee of publication* to select from the essays of the members, and other communications made to the society, such as they may think worthy of being published.

They shall, whenever they deem it expedient, report to the society that they have selected a sufficient number for publication; and when the society deem it proper, the committee shall publish their selection under the title of the “*Transactions of the Medical Society of Virginia.*”

After the publication of each number or volume of the *Transactions*, the committee shall return to the librarian all papers belonging to the society.

ARTICLE X.

Of Amending the Constitution.

Every proposition for amending this constitution shall, on being seconded, be handed up in writing to the chair. It shall then be audibly read by the recording secretary, after which the society shall decide whether it pass to a second reading. If they resolve in the affirmative, it shall be placed on file to be read at the next regular meeting, when the question shall be taken on its third reading, and if so determined, the proposition shall again be read and finally decided at the third meeting; but shall not even then be adopted, unless with the concurrence of three-fourths of the members present.

By-Laws of the Medical Society of Virginia.

SECTION 1. Two days previous to each stated meeting, the recording secretary shall give notice thereof in writing to each member residing in Richmond and Manchester, and six weeks previous to the annual meeting, he shall give notice thereof through the public prints.

* * * * *

SEC. 6. When members resident in the country present communications to the society, they shall be allowed precedence of members in town in the reading thereof, though junior in the time of admission to membership; and all voluntary contributors of communications shall be entitled to the same privilege.

* * * * *

SEC. 10. The annual contribution of each member residing in Richmond or Manchester shall be fixed annually.

SEC. 11. The associate societies of each city, town or county, shall, at the annual meeting of the society, report to the secretary the number and names of their members, and any other matter they may deem of importance to the interests of the society.

SEC. 12. Each member of the society shall have the privilege of inviting medical gentlemen and students of medicine to attend the meetings of the society.

* * * * *

Proceedings of the January (21st) Meeting.

A very large number of members and visitors were in attendance. After the usual business, several gentlemen were balloted for and elected members of the society.

Dr. F. H. DEANE then opened the subject of the evening, by making some remarks on "the use of calomel in the treatment of scarlet fever."

DR. BOLTON here interrupted the discussion by stating that he wished to exhibit to the society a chemical experiment for testing the purity of cod-liver oil.* If not performed at this time it must be omitted altogether. The attention of Messrs. Adie & Gray of this city had been called by the president of the society to an article by Levick, in the American Journal of Medical Sciences for the present month. It is stated by this writer, on the authority of one who has been extensively engaged in the preparation and sale of cod-liver oil during thirty years, that the best method of testing the oil, is as follows: "Take a small vial half full of the oil, add say one-eighth part of nitric acid, shake it well together; if it turns a handsome *orange color* and remains so for thirty minutes or more, it is a test for pure oil; but if it turns quite dark it may be suspected that other oils are mixed with it."

An animated and interesting discussion then ensued, in which there were many participants, and which lasted until a late hour. It should be reported if space permitted, and will most probably be given in our next.

Typhoid fever was then made the subject for the February meeting.

A committee of three was then appointed to report a memorial to the city council for the establishment of a Dispensary.

A resolution appointing a committee to report the experience of the profession in the city, in regard to *anæsthesia* in medical, surgical and obstetric practice, was adopted. Drs. James Bolton, C. Bell Gibson, John A. Cunningham and W. W. Parker were appointed said committee. (We are requested to ask that gentlemen in this city and elsewhere, having communications to make on the subject, will please do so as early as possible to Dr. Bolton, chairman of the committee.)

The president was empowered by resolution to appoint the number of delegates to which the society is entitled to represent it in the American Medical Association, which is to assemble in Charleston, South Carolina, in May next—and that he himself be included. These delegates will be announced in due time.

* Samples from several different manufacturers were placed in a conspicuous position, and the test was applied. The result was, that but one responded to it. This was procured from a person in Philadelphia by the name of Shaw, who is the agent of a house, whose name was not learned. Some of the clear oil poured from the top of a bottle of Rushton, Clark & Co's. turned brown. On shaking up the same bottle the next day and testing again, a nearly black color was produced. Simes & Baker's turned to a salmon color.

Errata in January Number.—Page 5, 13th line from bottom, last word, read "presently," for frequently.

Page 30, 7th line from top, read "*esodic*," instead of *exodic*.

To the Medical Profession.—The undersigned, chairman of the standing committee on *practical medicine*, appointed by the American Medical Association, May 1850, respectfully solicits the co-operation of members of the medical profession in furnishing materials for the annual report in May 1851. The duty of this committee, as defined by the constitution of the association, is to “prepare an annual report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics; referring, as occasion requires, to medical topography and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.” In order to fulfil the objects thus expressed, the requisite data must be supplied by medical practitioners in different sections of the Union. This is more particularly true with reference to the “progress of epidemics” and “the character of prevailing diseases in special localities.” Communications, therefore, are particularly desired from persons residing in places in which epidemics have prevailed, or in which prevailing diseases have been marked by special characters during the present year. Epidemic cholera and dysentery are known to have prevailed more or less in different parts of the country during the past summer. Facts bearing upon the features peculiar to the present season, the production, diffusion, mortality, treatment, &c., of these diseases, will be acceptable. It is requested that communications upon these or any of the subjects coming under the cognizance of the committee, be transmitted to the undersigned by the 1st of March 1851.

All contributions with which the committee may be favored will receive due attention and acknowledgment.

AUSTIN FLINT.

Buffalo, N. Y., Nov. 1850.

Surgical Report for the American Medical Association.—The committee is invited to meet in the Charleston hotel, South Carolina, the evening of the first Tuesday in May next. All professional brethren who have *surgical* facts connected with the improvement of this branch of the profession during the year, will please address them to the chairman of the committee by the 1st of April, at Augusta, Georgia. As all cannot be reached by a circular, it is hoped no one will wait for a more direct application than this general invitation.

PAUL F. EVE, M. D.,

*Prof. of Surgery in the Louisville University, and Chairman of the
Committee on Surgery of the Am. Med. Association.
Louisville, Ky., Dec. 1850.*

American Medical Association.—The committee of arrangements request all societies and other institutions authorized to send delegates, to forward a correct list of those selected to attend the next annual meeting, to the secretary, Dr. H. W. De Saussure, at Charleston, S. C., on or before the 1st day of April.

In consequence of the resignation of Dr. Stillé, one of the secretaries, from ill health, all communications intended for the next meeting of the

association must be addressed to the remaining secretary, Dr. H. W. De Saussure, Charleston, S. C.

The fourth annual meeting of the American Medical Association will be held at Charleston, S. C., on the 2d Tuesday of May next.

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THE



AND

VIRGINIA MEDICAL GAZETTE.

No. 3.]

RICHMOND, MARCH 1851.

[Vol. I

Abstract of an Essay on Typhoid Fever.

BY JOHN P. LITTLE, M. D., OF RICHMOND CITY.

[Read before the Medical Society of Virginia February 18, 1851.]

I will not speak of typhoid fever in the present paper as occurring in Europe, or as it is found in some parts of our own country, but will confine myself to the disease as I have met with it in practice, or acquired knowledge of it by conversation and correspondence. It is known to have existed in some parts of Virginia (in the Valley about Staunton for instance) for fifty years past; in most parts of our state, however, it is of recent origin. In the Valley it is the fever of the country, never occurring epidemically, generally mild in character and tedious in duration, requiring the expectant treatment, and when fatal, generally so from cerebral complications. Dr. Waddell of Staunton is my authority for this statement. In Loudoun and Fauquier it has existed some twenty years, having crossed the Ridge in 1830, and has been spreading over those counties from that mountain range ever since in an easterly course. It did not there prevail epidemically until the summer of 1849. It made its appearance in Danville and the region around, about the year 1845, and the next year epidemic typhoid fever shewed itself in Nelson, Albemarle and Madison. In 1847 and '48 it gradually overspread those counties, and extended into and over the adjoining ones of Culpeper, Orange, &c., and in 1849 prevailed as an epidemic in Fauquier and other counties neighboring. The disease has evidently pursued a northeasterly course, and has rather spread during the summer season, as if it was borne on the south or southwestern winds that prevail during that season. It was preceded during the years 1845 and '46, over a large part of these counties, by abundant remittent and intermittent fever. Regions of the upper country, never invaded by those fevers, afforded during the summer of those years no other affections, and in many parts of what were supposed the non-miasmatic regions scarcely a family escaped the visitation of one form or other of these diseases. Many of these cases

were of so debilitating a character, of so long continuance and liability to relapse, that they deserved the name of typhoidal cases. This epidemic of a remittent and intermittent class of fevers, with tendency to a typhoidal character, served as a fit introductory to the more formidable disease.

Great mortality accompanied the first invasion of this epidemic form of typhoid fever, especially in the counties of Albemarle and Madison. Whole families were prostrated, both white and black, and in some households, where forty or fifty were under the disease, more than half died. An active treatment from mistaken opinion of the disease, the influence of fear, and the frequent neglect of the sick, owing to the large number affected, leaving often a very few who were well to attend a large number of sick, were causes of this result. In the majority of cases treated in Madison county, from one-third to one-sixth died before the alarm subsided under a more judicious plan of treatment. The question of contagion was often raised, and certainly there appeared some ground for the belief, as the disease especially invaded those who attended the sick, and was more apt to occur among the night-watchers. So much for the history of the disease.

The term *typhoid fever* has been so constantly applied to every form of depression in fever, and the typhoid state is so often spoken of, that it is difficult to get a clear idea of the term. Whether drawn from the Greek word, which means debility, or from the Egyptian word, which means the devil, it is alike applicable to the appearance of the patient, and the provoking and often fatal character of the disease. I consider it a true dothinerterite, the primary symptom and essence of the disease consisting in a peculiar inflammation of the mucus membrane (with the glands lying in it) of the small intestine, this inflammation extending often into the large intestine; and these glands thus inflamed tending to take an ulcerative action. Accompanying this we have general irritation of the system, shewing itself in fever, &c., and the local irritation producing diarrhoea, and in some cases hæmorrhage early or late occurring. Other organs of the body often become affected during the progress of the disease, and death frequently results from these complications. Its cause is unknown; and the duration of the disease, if the patient die not, is generally from four to eight weeks.

In considering the pathology of this affection, we must consider the position of the disease and the disorders likely to arise from such an affection so situated. It is then a disease affecting a sheet of mucus membrane, which, if spread out, would cover a space of 1440 square inches for the small intestine, and 500 more for the large intestine, equal to about ten square feet. The whole of this is not equally affected, yet the function of the whole is either destroyed or impaired, and parts of it so much affected as to ulcerate. This membrane too is the organ through which the chyle, formed from the food, is carried into the general system, and by its action the body is nourished. It lies too in and near the extensive ganglionic system of nerves, which, besides anastomosing with the cerebral and spinal systems, supply the

viscera of the abdomen in their several functions, send their ramifications to the heart and lungs, and accompany with their ganglions and fibrilæ the minutest arterial branches. It is a membrane also which has for its base and substance an extensive plexus of veins, through which all the blood in the body rapidly passes, and by whose diseased state the character of the vital fluid must be essentially changed. In these modes then the disease is dangerous; from the direct action of the inflammation, from the impaired nutrition, from the change in the blood, and from the extensive and varied nervous sympathies. Ulceration in such an organ is dangerous in itself, and more dangerous from the fact that the system may be re-inoculated from this source.

Symptoms.—In all cases the approach of the disease was gradual; there was general uneasiness felt, and headach was complained of, with furred tongue, a quickened pulse, disturbed sleep, chilliness and tendency to diarrhœa. With some, the disease went no farther. I have known patients with all these symptoms to continue on their feet and attend to business. I had the disease in this form myself and still attended my cases.

These symptoms continue and increase in severity; a chill comes on often; the patient is compelled to lie down from weakness; fever, with heat of skin and a pulse varying from 80 to 140, according to the severity of the case, appears; discharges of a yellowish color and watery consistence, or turbid and dark brown, or black like tar and very offensive, take place with more or less frequency, according to the severity of the disease. Occasionally discharges of blood take place, mingled with the matters evacuated; epistaxis occurred in almost every case, and may be indeed considered almost a symptom of the disease; these hæmorrhages occurred generally as early as the second week. The appearance of the tongue varied; in the most rapidly fatal cases there was scarcely any abnormal appearance; generally it is coated with a white tenacious fur, becoming yellow and black, and the tongue itself became dry as the disease advanced; its substance also is fissured, and sordes collects on the lips and teeth. The gurgling sound, heard on pressing over the right iliac region, was in no case absent after the diarrhœa had set in; and tympanites often occurred in the latter stages of the disease. Abdominal pain was often complained of in the early part of the disease, more especially if purgatives had been used improperly. Affections of the nervous system began early and continued; they were shewn in the headach, debility, chilliness and muscular tremor, as seen in protruding the tongue and in moving the body. The headach soon ceasing, either from epistaxis or from other cause, the patient generally lies painless, answering that he feels quite well; the vacant look, the deafness and other disturbance of the senses occurring early in the case, restless slumber and unconsciousness of having slept at all, wandering of intellect on waking from sleep, and muttering delirium when awake—all indicate the decided impairment of the nervous system. To these, in grave cases, are added, dimness of vision and a tendency to sub-sultus tendinum. During the progress of the case, emaciation steadily advances, and in exact proportion to the severity of the case. In the

latter stages, sometimes sudden hæmorrhage from the bowels came on, or violent pain and acute peritoneal inflammation carried off the already worn out patient. In the one case, a vessel had been eaten into by ulceration; and in the other, perforation of the intestine had occurred from the same cause. Again—sometimes the cervical glands would become inflamed and swollen largely, apparently inoculated by the depraved condition of the blood and the presence of ulceration in the abdomen. I never knew this to occur until I felt satisfied, from the condition of the patient and the duration of the disease, that the glands of Peyer were in an ulcerated condition. This class of cases generally died; the patients not being able, in so late a period of the disease, to bear up under the new inflammation, or death being assisted by strangulation induced by the swelling. Hysterical symptoms I have always looked upon with alarm, and esteemed them indications of new danger in an already impaired and excited condition of the nervous system. Especially is this the case, if they occur at the menstrual period. In fact, as the disease lasts for a longer time than intervenes between two menstrual periods, the occurrence of this discharge and the consequent disturbance of system should be looked for with some degree of dread. The amount discharged itself cannot well be lost by a very feeble patient—it is often profuse; and when with this much excitement and consequent languor ensues, or if hysteria make its appearance, a mild case of disease may become severe, and a severe case become fatal. I regard the menstrual flow as an alarming symptom in the latter stages of typhoid fever.

Of prognosis in this disease much need not be said. Some cases seemed marked out for death; these died early in spite of every effort. In some the disease was severe from its complications, and these differed in different parts of the country and in different seasons of the year. In the winter the head was chiefly affected, and pneumonia was the most frequent fatal complication during other seasons. This came on insidiously, and could not be detected without careful examination of the chest. The aged, the feeble and the very young were less able to stand the length of the disease, and often sunk under the necessary confinement of it, instead of its violence.

Our opinion in a case of typhoid fever may be regulated by observing the character and abundance of the diarrhoea, the frequency of the pulse and the progress of the emaciation; if these go on rapidly there is danger, and *vice versa*.

Treatment.—The first thing to be done in treating this disease is, to render the patient comfortable in the bed on which he is to lie so long, and then to get him a good nurse.

In no disease has the "*nimia cura medendi*" caused more harm and produced more deaths than in this one. Good nursing, without a physician, will be twice as valuable as the most skilful physician with bad nurses.

The indications for treatment are, to guard the important organs and to husband the powers of nature until the patient gets well. Many patients die of starvation in this disease. It is forgotten that no man can lie in a sick bed for four or five weeks, with a disease of

the organ of nutrition itself, and not require sufficient food. The irritation of system natural to the disease is increased by the want of food, and the patient wastes for lack of nutriment. Light and wholesome food should be given as regularly, and more frequently because in smaller quantities, as in health. Mild laxatives, if used early in the case, render the progress of the disease milder. They must be used early, however; the mildest enema is alone needed during the course of the disease. Rest, in the horizontal position, is itself a valuable remedy, and warm fomentations to the abdomen have a salutary effect and add to the comfort of the patient. Venesection, although advised by some writers, and by some physicians with whom I have conversed, has never been required in any case that I have seen; nor is it recommended by those on whose judgment I rely. I have never known it to be used in this epidemic form of the disease, even when apparently required, without being followed by death. Local bleeding over the abdomen by cups and leeches, followed by decided counter-irritation, was indicated, and had good effect, if early applied, in checking the diarrhoea and mitigating the severity of the case. In some cases it could not be borne; the patient could not afford to lose blood in any manner. Then, dry cupping, and stimulant applications well rubbed in, or a large mustard plaster over the whole abdomen, would serve. My custom was, during the severity of the case, to have dry cups applied daily, (teaching the nurse to use large tumblers,) then to rub in spirits of turpentine. This last was often combined with diluted nitric acid and opium. It acted as a counter-irritant, and part of it also was probably absorbed and possessed some astringent effect on the diarrhoea. Dr. Wood's suggestion as to the use of turpentine in some cases was found useful; from trial, we believe that it can be used as a valuable adjunct to treatment from the beginning. Contrary to the opinion advanced by Bartlett, and sustained by many authorities, blisters were found very useful in very many cases. They were not used very early—not until there was some abatement of fever; before this they added to the excitement of the patient. Yet, when this blistering point was reached, their use was decidedly beneficial, and they could be used repeatedly over different parts of the abdomen. Diuretics should be used, and the patient often directed to pass his urine, otherwise he will forget it, and the accumulation produce injury. Demulcent drinks, as infusion of slippery elm, with sp. nitre dulc., were used; ice to the head, in cases of pain or extreme heat, and small pellets held in the mouth to quench thirst, were adjuvants to treatment, and made more comfortable the patient. Astringents were of little service; they were tried, of all kinds, and in the severer cases nit. argent. or acet. plumb. did not restrain the diarrhoea. Kino, either alone or combined with opium, was decidedly the most useful of them all, and could be used from the beginning of the case.

One of the chief indications in treatment is to give your patient a good night's rest; and to do this give him sufficient opium. This remedy is well borne, in typhoid fever, in large doses, while the small ones produce excitement and delirium. It is necessary that the pa-

tient sleep; and to do this give him from a quarter of a grain of acet. morph. to a grain, or equivalent quantity of opium. He must sleep; and I have given it in the delirium, and in spite of the excitement, in large quantities, with the effect of quieting excitement and of saving life. Practitioners are too much afraid of the use of large opiates in fever; they use it with caution where it should be pushed boldly.

Our most important remedies, however, were mercury and quinine; they were the right and left hands of practice in this disease. Calomel, or rather blue mass, with Dover's powder and kino, if much diarrhoea existed, was given in the severer cases, usually in these proportions and thrice a day. \mathcal{R} . blue mass ij grains, Dover's powder vi or vii , and kino v to xx grs. This was kept up for some time; leaving out the Dover's powder if much excitement prevailed. As soon as this excitement was found to be abating, quinine was used, and increased in quantity as the patient was found to bear its use. On this practice we were much disposed to rely; mercury as an alterative, quinine as a tonic, and opium sufficient to compel sleep.

In swelling of the cervical glands a blister early applied was found most serviceable in preventing the swelling from increasing; and stimulant applications, with support to the general system during the progress of the affection, were demanded.

In one case only did any good result from treatment when subsultus tendinum had set in; it came on suddenly in a patient much prostrated, and an enema of soup with half an ounce of brandy and 20 grs. of camphor was administered every half hour until the patient rallied and the affection ceased. This patient lived for several days; began to mend, and died suddenly under a large hæmorrhage from the bowels.

For hysterical symptoms the assafoetida enema was most serviceable. With regard to the hæmorrhages that occur, I regard two of them as salutary. I allude to the epistaxis, which commonly occurs and relieves the head very much, and to that hæmorrhage from the bowels which occurs early in the disease in some cases, and which appears to make the case milder. This appears to come, as the epistaxis does, from the congested state of the mucous membrane, and is an effort of nature to relieve itself; it comes from the surface, and differs from the hæmorrhage so often fatal in the latter stages of the disease. The one is purer and brighter blood, from a vessel opened by ulceration; the other comes from the surface of the membrane, and is mixed more or less with fecal matter. I am inclined to think that it occurs more often than is imagined, and being mixed up with the discharges, is unnoticed by the attendants. In some cases, from the beginning almost, a gently stimulant plan of treatment must be pursued, in addition to the use of the quinine; and during the latter stage of the disease, while the system is depressed by its duration, and the powers of life are scarcely able to support the ulcerative process, stimulants of a decided character must be used according to the patient's strength or weakness. The chief advantage of the use of mercury appears to be in preventing complications from occurring; patients rarely be-

come affected by it, as it seems to pass off in the discharges. In many cases where I saw the gums slightly touched, there were none of the frequent complications, and the patient made a more rapid recovery. All the physicians who treated this form of the disease agree in the use of mercury as an alterative, and quinine as a tonic. It seems to have arisen with different men in different parts of the country; they were forced into it by the nature of the disease and the insufficiency of other treatment; and it therefore possesses strong claims to our belief, as the concurrent testimony of many observing physicians.

I am disposed to believe that there is antagonism between this disease and the usual bilious remittent fever of the summer. They do not exist in the same place during the same season; one displaces the other; and even in the typhoidal cases of bilious fever, in which the diseases appear mingled, the second epidemic or invasion of fever is more likely to be typhoid than bilious fever. The one surrendering its sceptre of terror to a rival still more terrible and dangerous. The one is a disease of the upper country, the other of the lower, and they mark the peculiar character of their respective districts. I would thus account for the singular fact, often observed in the upper country, that those who come there to escape bilious fevers are liable to severer forms of fever than those of the district they left, or of that to which they have come. They bring the seeds of one disease with them, and engraft on it the influences of another. No class of fevers are more difficult to treat than this one; they require care, combination of treatment, and last for a long time, exhausting the patient by the violence of the disease, and wearing him out by its length. The typhoid seems destined to supplant our other forms of fever; as in the last year or two it has entered the lower country of Virginia, and is there imparting its character to the diseases. As, however, it has always shewn itself in a milder form, after having prevailed epidemically and with violence, it is probable that, when it becomes the prevailing fever of our part of the state, its violence will be so far abated that a mild expectant course of treatment will be all that is necessary in its cure.

With regard to prophylaxis, I have observed that in large gangs of negroes, where saccharine substances, molasses especially, were used as food, the disease did not prevail. I saw one case, in a cluster of negro houses, where over sixty slaves lived and slept; in a house too where some dozen of them made their abode; the disease did not spread, although it spread through that neighborhood. Again, I knew the disease to exist in severe forms in establishments around this one, without invading it; there was no difference in the food served out, save of the kind mentioned. On making inquiry, I learn that on several plantations in the upper counties on James river, a similar fact has been observed.

I do not assert that molasses as food is a prophylactic in this disease; I give the fact, observed and corroborated, for what it is worth. One other suggestion has struck me in writing; as typhoid fever is a disease of nutrition, and as emaciation goes on rapidly in it, would it not be of service to the patient to use cod liver oil largely, as diet in this tedious and wasting disease?

I have thus put together, in as compact a manner as possible, some memoranda of typhoid fever, preferring conciseness to completeness of description, and thus leaving the subject open for discussion by the society.

Remarks of Dr. F. H. Deane on Scarlatina and Measles,

In presenting the subject for discussion at the January Meeting of the Medical Society.

Dr. DEANE said he intended to make only a few remarks, and he would endeavor to avoid all allusion to such features in both diseases, in relation to which there existed unanimity of opinion among medical men—to discuss such points would be to occupy the attention of the society most unprofitably. He would not argue the point of the contagiousness of these diseases, but would merely express the belief that both of them are contagious—scarlet fever less so than measles. In relation to the pathology of scarlet fever, he thought the theory which most nearly approximated probability, was the one which ascribed it to some morbid cause in the air, most probably an animal poison taken into the blood, poisoning it, and that soon the nervous system became involved, and this disorder of the nervous system was soon followed by that condition of things usually termed congestion—this, at any rate, appeared to be the case, if we selected the more malignant forms in forming our opinions. However, it was his wish to avoid the pathology of the subject as far as possible. His object was to arrive at something useful in the way of treatment—he wished to contrast his own experience in the management of these diseases with that of others who were present—not that he was satisfied with his treatment, but still it was the best with which he was acquainted. He should select certain modifications or complications occurring frequently in both diseases, and which placed the patient in circumstances of the greatest peril, and which involved points of treatment of the greatest difficulty and embarrassment. But before considering these complications he wished to premise, for fear of being classed with those who were charged with active interference in the treatment of these diseases, that oftener than otherwise he suffered both of them to pass through their different stages without administering a single remedial agent. It was certainly true that the simplest form of scarlet fever did not require any thing deserving the name of treatment, and the same thing was true as regards the second form in many instances, and it was even to a great extent true in the malignant form. The greatest discretion was necessary in his opinion before we ventured even to administer the simplest aperient or any other agent. Oftentimes a fearful struggle was seen to exist between the disease and the resources of nature, and under such circumstances one could not be too cautious how he interfered. And notwithstanding all this, he feared there were some so much influenced by the fact that both diseases run a prescribed course, as to induce them to push their views

of expectancy rather too far. He wished to be understood as being one of those who would not be deterred in endeavoring to relieve a perilous condition of things, because his patient had scarlet fever or measles, by all the resources known to the healing art. He admitted that his treatment would be somewhat modified. What he objected to was, the ultraism which said, you should not bleed, or you should not stimulate.

After these preliminary remarks, he proceeded to the consideration of the complications in these diseases, to which allusion had been made.

We are often summoned to a child fifteen or twenty months old, and find him with a quick, feeble pulse, cool surface, pallid face, with frequent vomiting and diarrhœa. The whole appearance of the child indicates more constitutional disturbance than cholera morbus, occasioned by ordinary causes, would produce. If you are told the child has been guilty of no imprudence in diet, and if the season of the year is unfriendly to the appearance of bowel affections, and especially if scarlet fever is prevailing, you may naturally conclude your patient is suffering from it. Such a condition of things I regard as being replete with danger—the vomiting and purging will become more and more frequent, the passages will soon be colorless, and unless this condition is relieved, your patient soon has a convulsion, and probably dies in a few hours. Now, I regard this condition as one of congestion; the indication is to develop reaction, and in this way relieve the overpowered nervous system and the suffering viscera. I would seek to accomplish this by the warm bath, the frequent application of sinapisms, the use of warm foot-baths, with mustard and salt in them. If the system was greatly depressed, I would use ammonia or camphor, and at the same time I should not hesitate to use calomel every hour or two in one or two grain doses, until the vomiting and purging diminished in frequency, or else the passages improved in appearance; and generally ten or twelve grains will accomplish this. I have often seen this treatment fail, to be sure; I do not think, however, I ever knew it to produce mischief. Often, by arresting the vomiting and purging, I have seen reaction take place and patients recover that otherwise would have perished.

2dly. We are often called to a patient and find he has vomiting and purging, and we discover some appearance of eruption, and there remains considerable heat of skin; but every time the patient vomits or has an evacuation from the bowels the eruption greatly diminishes or else disappears altogether. This state of things is often seen in both scarlet fever and measles. Unless you can develop the eruption more fully and increase the temperature of the skin, these cases will soon become as unfavorable as the one we have just instanced, and the termination will be as unfortunate. I would endeavor to relieve it by the means I have already pointed out, modified, it is true, by the circumstance that the danger is less intense, therefore not requiring the same energy of treatment. Again, we may find the patient with pungent heat of skin in scarlet fever, with a high degree of arterial excitement, with cerebral disturbance enough to make you fear great

hazard from this quarter, besides the patient to some extent has vomiting and purging, and whilst the evacuations from the bowels are not watery, they yet appear vitiated, and are wanting in bile. At this time there may scarcely be any evidence of an eruption. This is a case where you may soon expect death to ensue from injury to the brain. I would treat such a case by the cautious withdrawal of blood either generally or topically. I would not bleed the patient from any hope of cutting short the disease, but merely to protect a vital organ to enable the disease to pass through its stages; and with a view of relieving this congestion of the brain, I would use calomel until I discovered biliary secretion in the passages. I do not wish to be understood as recommending such practice as this unless the symptoms and the whole appearance of the patient produced an impression on my mind that the greatest danger to life was to be apprehended. Under such circumstances I expect no aid from nature—I have seen it fail too frequently to commend the practice to use.

The complications which I have alluded to occur, as I have already said, anterior to the time of the full development of the eruption. I will now mention one or two, often seen at or after the period of desquamation. At this period, the febrile symptoms, after either having greatly diminished or disappeared altogether for a day or two, recur perhaps with increased intensity. The tongue, from having been clean and red, becomes indicative of less gastritis, and perhaps is thickly coated. The external glands of the neck became greatly enlarged, the tonsils are also greatly swollen, and the ulceration of the throat appears worse. A calomel purge under these circumstances, I think, often mitigates this congested and inflammatory state of things about the throat, and simplifies the subsequent treatment. If the state of the circulation seems to justify it, bleeding generally or topically ought to be practised, merely with a view of moderating the symptoms.

It frequently happens ten or fifteen days after a child has recovered from an attack of scarlet fever, symptoms of dropsy manifest themselves. The child appears bloodless; the tongue looks bloodless; it presents no evidence of the acute gastritis which existed during the eruptive period and the one of desquamation. A tendency to constipation is seen in the place of the diarrhoea of the early stages. These dropsical appearances may be accompanied with or without fever. I have observed at this time that no purgative seems to distress the patient or to be followed by hypercatharsis, whereas at an early period of the disease a small dose of oil would have produced the greatest distress. In the commencement of these dropsical appearances I am in the habit of prescribing calomel freely, followed by some aperient. The condition of the patient appears to be one of torpidity, and I have found it serviceable for the first three or four days to purge actively with calomel—if relief is not obtained, I am sure at least of some mitigation in the symptoms, and afterwards rely upon diuretics or tonics, according to the indications.

In regard to measles, we often find the same condition of system antecedent to the eruption as that which exists in scarlatina, and I would endeavor to overcome it by the same means.

With some, I believe, there exists a great prejudice to the lancet during the period of incubation. I think it often happens that the tardiness with which the eruption makes its appearance, is owing to the intense excitement—the severe congestion of the mucous tissue or the active pneumonia, (for I have often seen pneumonia in measles before the appearance of the eruption,) and under these circumstances I would bleed freely, feeling it was the best means of bringing out the eruption and of lessening the consequences of a severe bronchitis or a pneumonia. It frequently happens in this disease, as in scarlet fever, for the first few days during the time of desquamation all cause for anxiety about the sufferer is at an end. But in a day or two you find your little patient with fever and with a slight dry cough. He lies all the time with his eyes closed as if asleep. The slightest movement in bed occasions the cough, or he coughs if he speaks. The pulse is frequent and the skin is hot. This is oftentimes the beginning of an obstinate and dangerous bronchitis. Of course I do not mean to exclude blistering, bleeding, or any other resource known to the healing art, yet I have never seen any practice so beneficial as calomel, given from time to time, enough to keep the liver acting. I have seen tartarised antimony used in the most decided manner from day to day and week to week. I have seen a child pale and nauseated for hours, and yet, even when the remedy was used for days together, I have never seen it produce the slightest fluidity in the cough.

Dr. D. said, in the latter part of the debate, that he had purposely avoided pathological and theoretical discussion in the remarks which he had submitted. He would remind his friends who had introduced the views of the text-books, that such high authorities as Andral and others differed widely as to the constitution of the blood in scarlatina. He did not believe in any of the abstract theories on the subject, one being about as good as another. When pathology is more perfect we may *deduce* from it proper treatment; that now is impossible.

Dr. M. P. SCOTT then read the following paper on *scarlatina*—the calomel treatment:

One would think, from listening to the reports of the wonderful cures performed by calomel, that we had at last found the elixir of life. What No. 6 is for the Thompsonian, calomel is for the Alopapist.

It would be curious to trace its history since its introduction into the materia medica. There is scarcely a disease which human flesh is heir to, for which it has not been given and extolled as a specific; even in the present advanced stage of medical science it is sometimes given to fulfil the most opposite indications. No matter what the disease or its stage, calomel is the resort, and if we do not know what is the matter, “still calomel.”

Of all therapeutical agents its action is the most varied, and one might think, by a little stretch of the imagination, that it changed its *modus operandi*, according to the disease to be combatted or its stage.

Calomel is an antiphlogistic—calomel is a sedative at one time—

at another, it is a stimulant. Now it acts upon the nervous extremities—then again upon the ganglionic system. At one time it increases the secretions of the liver—at another diminishes them; some think it a liver regulator and rectifier of the secretions of the whole system; calomel is an alterative, calomel acts by sympathy.

It is given in pneumonia for one reason; in typhoid fever, where an opposite condition of system exists, it is also employed—as a remedy for cholera it is highly extolled, given in small and repeated doses and in enormous quantities, its advocates differing as to its effects, according to the views they entertain of the pathology of that disease. Some give it to increase the secretions, to produce black, tarry discharges, which to them are the harbingers of returning health; others to relax the spasm of the gall duct; others to effect, they know not what, but say experience bears them out in the propriety of its use.

Calomel is a useful and powerful remedy, and because it is, I would be guarded in its use—it is capable of fulfilling a great many indications, but it is given, I contend, too indiscriminately. There is none which has been so abused and which has produced such disastrous effects—in many cases leaving the patient scarred, disfigured, and sometimes maimed for life. The last case that I have noticed is reported in the “Stethoscope,” where an operation was performed to remedy the ravages that calomel had made upon some unfortunate who had been doubtless *cured* by a course of mercury.

I wish now to say a few words concerning its employment in scarlatina; but before doing so it will be necessary to go a little into the pathology of that disease, and also to advert to some of the known effects of mercury, and then conclude if such practice is founded upon sound pathological views. If it is not, we should discard it; for when we throw aside the principles of physiology and the facts drawn from pathological investigations, we leave ourselves a position but little above that of the Thompsonian or Homeopathist, and should no longer practise the *science* of medicine, but view it as an art to be studied, by observing the effects of certain medicines upon certain symptoms, and giving those medicines when we think we have again met with similar symptoms.

It is with some diffidence that I undertake to give my views of the pathology of this disease, deduced from what I have read and observed. I hope, therefore, all due allowance will be made if I do not make myself clearly understood—I may in any event console myself by the reflection, that I will not have been the only person who has attempted and failed in giving a clear idea of the pathology of scarlet fever.

If you will take the trouble of examining what has been written upon this subject, you will be surprised to find how few there are who have succeeded in giving anything like a clear account of the causes which produce and the effects which follow scarlatina. Some will tell you that this is an inflammatory disease, and adduce the state of the skin and fauces as evidence of it—they will tell you that the brain is implicated, and ascribe the cerebral symptoms to a congested or inflamed condition of that organ.

Some authors, and among them one who in his prime had few superiors, (Dr. Chapman,) consider this disease as produced by a contagious matter which is swallowed with the saliva; its first action is upon the mucous membrane of the *primæ viæ*, and nature relieves herself by a metastasis to the skin, the general system being deranged by sympathy. This is only the Broussais doctrine, which located all diseases primarily in the stomach or intestines. It is a mere assertion, an hypothesis supported by no facts; for he has to resort for an explanation to the sympathetic action supposed to exist between the *primæ viæ*, the skin and fauces. The explanation is worth nothing—sympathy being a very convenient word to cloak our ignorance, and should be discarded from the medical vocabulary. It is impossible to reason with any one, if, when there is a difficulty to explain, he is allowed to resort to an explanation by sympathy. I cannot subscribe to this view. Nor can I agree with those who look upon this as an inflammatory disease. The fact of there being an ulcerated throat is not enough to establish this view. We might with the same propriety say that typhoid fever was an inflammatory disease, because the glands of Peyer and Brunner were always ulcerated. The eruption is more an evidence of vitiated blood than of inflammation. But how account for the cerebral symptoms? Certainly the existence of delirium is not enough to prove that there is inflammation of either the brain or its membranes. If, however, such was its condition it would not be difficult to prove it, as post mortem examinations would shew traces of its existence.

Graves of Dublin has reported a few cases, where the symptoms were such as to lead him to the conclusion that he had to deal with inflammation of the brain, and he treated them accordingly. His patients died, and upon making the autopsies there was not a trace of inflammation or even congestion.

One such fact is worth a volume of theory drawn merely from the symptoms; it leads us to look for some other cause to account for these symptoms.

If we could agree as to what constitutes inflammation, it would be easier to solve the question whether scarlet fever is or is not an inflammatory disease. A great deal has been written in explanation, and a great many symptoms which accompany inflammation usually, laid down, but these symptoms may also occur when it does not exist, so that they cannot be looked at as pathognomonic.

Andral, aware of this, investigated the subject more profoundly, and searched for some change, which always occurred. After examining the blood of more than a hundred patients, he was led to the conclusion that in all inflammatory diseases there was an excess of fibrine. Subsequent observation has confirmed him in this opinion. Whether an excess of fibrine is the cause of the inflammation or its product, he was not able to establish; the co-existence of the two he *demonstrated*.

“An excess of fibrine in the blood is the pathognomonic sign of inflammation.” Should we not then expect, if scarlet fever is inflammatory in its character, to find an excess of fibrine in the blood of the patient? But what is the fact? According to Trousseau and others,

the blood is *less* plastic—more fluid than in a normal state. There is also a diminution of red globules; the blood is altered, but does not present the change which we have seen always to take place in inflammation. I might stop here, and, if my premises are true, say, that I have established my point, as there is not only not an increase of the fibrine of the blood, but actually a diminution. But, again—if scarlet fever is an inflammatory disease, ought we not to expect that the antiphlogistic treatment would be the most successful? But the reverse is the case, as may be seen by examining the statistical tables of Williams, who gives the results of several modes of treatment—the mortality being much greater under the antiphlogistic. What does Watson say? “Sometimes it becomes necessary to bleed, but do it with the finger upon the pulse.” But I do not think the antiphlogistic treatment properly deduced from the symptoms as usually presented. The pulse is frequent, small, and sometimes irregular; not indirectly, by oppression of the vital forces, but directly, and under the influence of an agent which acts upon the blood, altering it so that it no longer subserves properly the purposes of nutrition, rendering it unfit for supplying the different organs with those constituents which are necessary for the proper performance of their functions.

This cause I think to be some deleterious agent—some poison existing in the atmosphere, which is taken into the system through the lungs. Its effects are first felt by the blood. Here is the primary seat of the disease, the cause a poison.

This view is supported by the alterations observable in the blood, acting secondarily upon the nervous system, producing all those depressing effects which are seen in scarlet fever. The state of the pulse is that which characterizes the action of most morbid poisons.

Another symptom is a malignant sore throat, with a tendency to become gangrenous; another, an eruption upon the skin, through which the poison is probably eliminated and propagated; if eliminated, of course from the blood. If once we admit that the primary cause is some poison, it seems to me that we should look to its effects upon the blood; for is it reasonable to suppose that any poison should be taken into the system through the blood, without its affecting this fluid in a deleterious manner—and would not this be felt in turn by the whole system? Cannot the cerebral symptoms be thus accounted for? Is not healthy blood necessary for the proper performance of the functions of the brain—for the maintenance of sufficient nervous energy? And would not a vitiated blood cause a general derangement of all the functions of the animal economy—and is not this general functional derangement seen in scarlet fever?

Why the throat and skin are selected to spend its virulence upon, we are no more able to explain, than why one medicine acts upon the kidneys and another upon the liver—or why one poison will prove fatal by its action upon the nervous system, and another upon the blood.

Now, bearing in mind the symptoms, viz: the feeble, frequent pulse, the ulcerated throat, with a tendency to become gangrenous, and more especially the altered condition of the blood, the depression of the

nervous system and general debility which exists, I do not think antiphlogistic remedies called for—bleeding would increase the evil—nor do I think mercury indicated.

Let us see what are some of the effects of mercury when its constitutional action is produced—and first, upon the blood. It diminishes its plasticity, renders it more fluid, and lessens the amount of fibrine and red globules. Now certainly there is no condition of the blood of a scarlatina patient demanding an agent acting thus upon this fluid—on the contrary, it would appear that there was an indication for an agent which would produce an opposite effect. Mercury would tend to increase the general debility which already exists—it is a depressing remedy. It increases the secretion of the liver, but is not a liver regulator—but this gland is not especially implicated in scarlatina. If mercury is pushed too far, it acts as a veritable poison—the alterations of the blood become more manifest, the face is bloated, the legs swollen—general anasarca may be produced. Its effects upon the nervous system now shew themselves: there will be extreme debility, nervous tremor, the brain becomes involved, and according to Trousseau, presenting symptoms somewhat resembling *mania à potu*, &c. Now, what indication have we for mercury? Not to combat inflammation; for, if the view I have taken be correct, it is not an inflammatory disease. There is general debility and a tendency to assume a typhoid state. Would not mercury increase these symptoms—does the feeble, frequent and irregular pulse call for calomel? Cases of scarlatina *might* be cited—complicated with something else, which might demand the moderate use of the lancet and of calomel, just as in typhus fever we may have to combat an affection of the lungs by bleeding or tartar emetic; but no one will on this account recommend such a course in genuine typhus fever.

It may be said, that, taking the view that a poison of some kind is the cause of the disease, the indication would be, either to neutralize it by some antidote, or, failing in that, to assist the efforts of nature in eliminating it. The means which she employs operate through the various emunctories, particularly the skin. Now is not here an indication for calomel? Does not *it* act upon many of the emunctories, increasing their activity? Indeed it acts upon the skin itself. True enough; but we lose sight of the other effects of mercury, and to do a little good, would do much harm. I may further answer, that we have other means of arriving at the same end, and by a safer route. We have the class of diaphoretics for the skin, diuretics for the kidneys, &c.; and it seems to me that in this channel our remedies should be directed, merely aiding the efforts of nature. By what we call the “heroic practice,” we exhaust her resources without affording relief from the enemy which is preying upon her vitals; and when at last, seeing the inutility of our efforts, we cease, and leave her to her own exertions, she has no longer strength to rally from the double attack of the disease and the doctor.

I wish to say a few words of a mode of treatment suggested by Dr. Schneeman, physician to the king of Hanover. He proposes to cure scarlatina by greasing the skin with fat bacon. His treatment is

based upon the opinion, that the skin performs probably the most important office in the human system; that it throws off a large quantity of matter which, if retained, would disturb the functions of the other organs, by giving to them a task for which they are unfitted; that the affection of the throat is due to this cause, and is cured or prevented from occurring by a resort to *fat bacon*, and so with all the other parts or organs implicated. Scarlatina is then, according to his view, essentially a disease of the skin. We are not told what causes this disease of the skin. I should like to go more than skin deep, when probably we might find, that what in the first place gave origin to the eruption would account for some of the other symptoms. He compares the eruption to a scald. Now there is very little analogy, if we may judge by the results produced. In a scald, the entire skin is suddenly destroyed, and consequently its functions are immediately suspended. In scarlet fever, there is not a total destruction of the skin, nor is the whole of the skin diseased, neither are its functions altogether suspended; for new skin forms as desquamation proceeds. If there is such an analogy, we ought to expect to behold some of the symptoms of scarlet fever as a consequence of a burn.

As he has referred to a scald as an analogous case, I would suggest other skin diseases as presenting a condition more similar to scarlatina than a scald: for example, measles. If this remarkable relation exists between the skin and throat, a disease of the former causing an affection of the latter, we might reasonably expect to meet with the sore throat as a consequence of an attack of measles. But no; he will tell you, I suppose, that here there is some peculiarity which causes the mucous membrane of the bronchial tubes to be affected. But we meet with other diseases of the skin which derange its functions more than either scarlatina or measles: as pemphigus, where the entire cuticle is gradually destroyed, the patient presenting a miserable condition. This disease is *always* fatal, and if Dr. Schneeman's views are correct, we might expect to behold these sympathies and unknown relations existing in all their force. But have we any of the symptoms of scarlet fever? Do we see the sore throat? Have we cerebral complications? No, none of these; but the patient lingers out a miserable existence, dying by inches; and upon post mortem examination there is only one internal organ found diseased, viz.: the liver, which is always found fatty. With more propriety I might contend for some direct relation between the skin and liver. There are also other skin diseases, as urticaria, erythema, psoriasis, &c., which derange the functions of the skin, yet in none of these are seen symptoms *resembling* scarlatina.

Again: if the views of the doctor are correct, why do we see the symptoms which he would make dependent upon the eruption occur in a more malignant form when there is no eruption? Why are we told by those experienced in this disease that the fading of the eruption is a bad sign; and indeed some will tell you to use all your efforts to bring out the eruption fully? There is another circumstance which is against this idea, namely, that the mildest cases of scarlatina are always attended with the eruption. Sydenham tells us that it is only

dangerous through the officiousness of the doctor, yet he describes this as an eruptive fever.

In one part of his article on this mode of treatment, the doctor says, so beneficial is its influence upon the *organs* attacked by the malady, particularly those of the throat, that the normal condition is in *every* case and in every part speedily restored. In another portion he speaks of the cerebral complications at the commencement of scarlatina, which are to be met by bleeding, which he goes on to say is the sheet anchor; he also uses mustard plasters to the shins. Now it appears to me that there is some inconsistency; first, he views the eruption as the cause of all the attendant evils which are remedied by the "fat bacon," and a few pages on says that our sheet anchor, when the brain is implicated, is bleeding. It seems to me, if his first view is correct, his remedies to meet the cerebral affection are wrong—he ought still to use his "fat bacon," which is to remove the eruption, which is the cause of the complications; or does he view the cerebral complications as unconnected with the main disease—as something superadded and to be treated apart; as an inflammation of the brain, not proceeding from the cause which in the first place produced the disease? Such an opinion cannot be sustained.

It does seem to me that the doctor takes a very *superficial* view of the pathology of scarlet fever, and I have no idea that his fat bacon treatment will work the wonders he ascribes to it. I have heard of a few cases which have been treated in this manner, with the effect of allaying the itching, for which it is doubtless very good. Another recommendation is its extreme cheapness, placing this remedy within the reach of every *Christian*. Alas! for the poor Jews. Watson recommends it as a coating for the protection of the tender skin during desquamation, which I am inclined to think is the best use it can be put to in the treatment of scarlet fever.

Dr. BROOKS presented a table of the post mortem appearances, according to the different pathologists. A very interesting debate was carried on until half past 11 o'clock. Drs. Bolton, Minor, Little, G. A. Wilson, Snead, Haskins, Parker, Rives, Gooch, and C. P. Johnson took part. We regret that it is impracticable to give their remarks.

The following paper was then presented and laid on the table:

The Catoptric Test for Cataract.

BY JAMES BOLTON, M. D.

The diagnosis of cataract is often extremely puzzling. In amaurosis, an opacity is often observed behind the pupil, which resembles an opaque crystalline lens.

When we consider the extreme value of the affected organ, and the totally diverse methods of treatment applicable to the two diseases thus liable to be confounded, we are prepared to place a high estimate upon any means which may enable us to form an accurate diagnosis.

If the opacity be produced by inflammation of the vitreous humor and retina, the puncture and laceration of these tissues, required by the operation for cataract, would probably increase the existing inflammation, and render the case hopeless.

When the anterior surface of the lens is opaque, owing to loss of transparency of the anterior surface of its capsule, or of its substance, or of both combined, the diagnosis is comparatively easy.

There are three principal points which distinguish the opacity from an affection of the vitreous humor. 1st. Its position. It appears nearly in contact with the iris at its pupillary margin. 2d. Its form being convex. 3d. It does not disappear on taking an oblique view of it. Opacity of the vitreous humor is more deeply seated; its form is concave; and it can be seen only by a direct front view.

When the posterior surface of the lenticular capsule has lost its transparency, the opacity corresponds, both in form and position, with opacity of the vitreous humor; and the resemblance will be still more perplexing if the cataract be in the nascent state.

In such cases, the highly philosophical, delicate and accurate test of Sanson, called also the Catoptric Test, is of inestimable value.

The following is a description of it:

If a clear flame of a candle be held before a healthy eye, there will be seen upon the surface of the cornea, a bright, well-defined image of the flame, erect, and very much diminished in size. On looking deeply into the eye, through the pupil, there will be seen a faint, bluish image, with an outline not well defined, erect, and larger than the first. Between these two may be seen a third image, bright like the first, very clearly defined, much smaller than the other two, and inverted. There are then two erect images, and an inverted one between them. On moving the candle across the eye, the erect images will be observed to follow it, while the inverted one moves in the opposite direction. The outer one traverses the entire cornea, and the other two pass no farther than the margin of the pupil.

These phenomena are explained by the fact, that when a ray of light penetrates a healthy eye, it encounters three reflecting surfaces: first, the convex cornea; second, the convex anterior portion of the lenticular capsule; third, the concave posterior portion of the same membrane. The two first and second reflect upright images; the third, being a concave mirror, reflects an inverted one, which falls between the other two, in consequence of that being the position of its focus.

These images furnish us with very important indications.

Obliteration of all three images indicates opacity of the cornea, without giving any information as to the condition of the interior structures of the eye. Obliteration of the inverted image only, indicates opacity of the posterior surface of the lens, with transparency of its anterior surface, and of the cornea. Obliteration of the posterior erect image indicates opacity of the anterior surface of the lens, and must necessarily be accompanied by obliteration of the inverted one.

The most important of these images is the inverted one. If that can be made out distinctly, there is no cataract; for the posterior sur-

face of the lens must be clear, in order to reflect the rays of light, and the body and anterior surface of the lens must be clear, in order to transmit these rays.

In amaurosis, therefore, all three images are visible; in cataract, when fully formed, only one, the corneal image, can be seen.

But this method of diagnosis is available for the detection of not only matured cataract, but such is its mathematical precision, that the least departure from a healthy condition of these reflecting surfaces is invariably indicated by a corresponding departure from the normal appearance of the images which they present. It not only detects the existence of cataract, but indicates its state of progression from incipency to maturity.

In the whole range of medical science, I know of no method of detecting disease more beautifully illustrative of physical science, and none which may be relied on with more implicit confidence.

The following case, although unfortunate in its termination, exemplifies these remarks in an interesting manner:

J. F., bookbinder, about 50 years of age, intemperate, has been blind in the left eye for several years, during which it has been subject to attacks of inflammation.

There is sufficient vision to distinguish night from day. Behind the pupil, and very deeply situated, is an opacity of a brownish muddy color. Its form is indistinct. The sight of the other eye is defective, but all the images are visible.

Diagnosis.—Opacity of the posterior part of the capsule of the right eye, with probably some degree of amaurosis, which already exists in the left eye.

Operation.—Anæsthesia was produced by chloroform. An incision was made in the superior margin of the cornea, through which the lens was extracted. On the posterior surface of the capsule was an opacity, darker at its centre and shaded off to an undefined edge. The diagnosis was therefore accurately confirmed. The patient was confined to bed, cold water was applied locally, and a strictly antiphlogistic regimen enforced. On the fourth day the patient accidentally used the eye for a moment, and distinctly saw some small object. In a day or two more the eye was suddenly attacked by violent inflammation and pain, which were relieved by active antiphlogistic measures, but the eye became hopelessly amaurotic.

Case of Medullary Sarcoma of the Right Breast.

Reported by CARTER P. JOHNSON, M. D., *Professor of Anatomy and Physiology in the Medical Department of Hampden Sydney College.*

Mrs. J.—was admitted into the infirmary of the medical college on the 1st of May 1849. She is about 45 years of age—says that her general health is good, though her complexion is cachectic.

The disease originally made its appearance in June 1847, and was removed in December of that year by Dr. Spencer of Petersburg, the

wound healing well. It made its re-appearance in June 1848, since when it has increased with great rapidity, especially within the last three months. At the present time, May 1849, the tumor extends from an inch above the clavicle to the eighth rib, and from the margin of the axilla to the edge of the sternum. It measures 2 feet in circumference at its base, 14 inches in its vertical, and 11 inches in its transverse diameter. Its appearance is nodulated, and the integuments at some points are inflamed; at these points softening appears to have taken place, but no ulceration.

Having been fully apprised of the danger of the operation and of the probability of the return of the disease, the patient still insisted on the removal of the tumor. Accordingly, on May 3d, the patient having been placed fully under the influence of ether, I commenced the operation, assisted by Drs. Gibson, Conway and Peticolas, by a long circular incision, beginning at the inner side of the axilla, and passing in succession around the upper, inner and lower portions of the circumference of the tumor. I then rapidly commenced the dissection from within outwards. The enlarged vessels feeding this immense mass sprung in rapid succession as the knife passed through them, but were well controlled by the gentlemen assisting me. The tumor was found to embrace the pectoral muscle throughout its entire thickness, and to rest immediately upon the ribs and intercostals. Having carefully separated these deep-seated attachments, the operation was completed by dividing the integuments attached to the external portion of its circumference. Five or six vessels were then ligated.

The tumor was found to weigh $4\frac{1}{2}$ pounds; on microscopic examination, it exhibited caudate cells of various forms and sizes.

The patient lost a good deal of blood during the operation, and was excessively prostrated, rallying only partially after the lapse of an hour, under the free administration of stimulants.

The wound was dressed with lint spread with simple cerate, and 75 drops of laudanum with 2 ounces of brandy administered. Reaction was slow, and her condition during the evening was critical.

May 4th. Has rallied somewhat; wound dressed as before; beef tea ordered as her diet.

May 7th. Has continued to improve slowly under the above treatment; wound beginning to suppurate freely.

May 8th. Suppuration very free and offensive; ordered simple *water dressing*, covered with oil silk, twice a day—wound to be washed at each dressing with solution of chloride of lime.

May 9th. Suppuration much *diminished*; but little fetor about the wound; pulse feeble and appearance very cachectic. Ordered precip. carb. iron 5 grs. three times a day, and a tablespoonful of milk toddy every two hours.

May 12th. Wound looking more healthy; suppuration slight; general condition somewhat improved; increased carb. iron to 10 grs. 3 times a day, and continued the milk toddy.

May 14th. Toddy discontinued; wound beginning to fill up; general condition improving.

May 19th. Improvement since last report very decided; the wound

is filling up from the bottom; suppuration is very slight; there is no appearance of granulations, but the surface is smooth, though florid; the process of *modelling* is evidently going on, gradually filling up and contracting the wound. Increased carb. iron to 15 grs. three times a day.

May 24th. Wound continues to fill up rapidly, and its whole appearance is improving, with the exception of a spot on the cartilage of the third rib, which was touched with the knife during the operation, and now shews some tendency to ulceration. Ordered a pint of porter in addition to the iron.

May 25th. Complains of a sense of fullness and pain about the lower portion of the abdomen. Relieved by an enema and the application of hot cloths over the abdomen. Carbonate of iron discontinued and substituted by sulphate iron, grs. 12, water oz. 6; teaspoon-full three times a day.

June 5th. Wound filling up and beginning to cicatrize from the edges; the cartilage of the third rib has become completely denuded, and ulceration taken place along its upper and lower edges and inner surface, a probe passing easily under it; the cartilage and sternal portion of the rib was to-day removed to the extent of 2 inches. A portion of the cartilage of the fourth rib, which was exposed during the operation, but not touched, shews also a tendency to ulceration.

June 8th. Suppuration from the cavity left by the removed costal cartilage very abundant; the cavity filling up by granulation; the 4th costal cartilage becoming extremely denuded, and ulceration commencing at its upper and lower edges. Patient still occasionally complains of pain and sense of weight in abdomen. Her appetite is failing and the stomach becoming irritable. Ordered her to stop the sulphate iron and to continue the porter.

June 12th. Cartilage of the 4th rib having, by the extension of the ulceration, become separated from the subjacent tissues, was removed by a chain-saw to the extent of $1\frac{1}{2}$ inches. Suppuration from the two cavities left by the removed cartilages continues very abundant; stomach becoming more irritable; occasional restlessness. Brandy and water substituted for the porter, with an anodyne at night, as occasion may require.

June 26th. Since the last date, the irritability of the stomach has continued almost incessantly, causing patient to reject all food and almost every medicine attempted to be introduced to remedy this condition; she has been gradually growing more feeble, and for the last few days has been occasionally irrational. Since the 20th inst. the second rib and its cartilage, which were *not exposed* during the operation, have shewn a disposition to ulcerate. The general appearance of the wound has, within the last few days, become unfavorable, the healing process having ceased, and the hitherto florid appearance superseded by a pale and flabby condition; she died this morning at 12 o'clock.

Post mortem.—Thorax—The left side was found healthy; on the right side, the lung was healthy; there was general adhesion between the costal and pulmonary pleura; and, extending from the 2d to the 5th ribs, just under the points at which the ulceration of the cartilages

and the ribs had occurred, a strong coat of lymph was found on the outer surface of the costal pleura, covered externally by several layers of granulation. The pericardium and heart were normal. Abdomen—Stomach healthy, with the exception of some softening of the mucous membrane about the pylorus; intestines blanched, but otherwise healthy; liver pale; spleen, kidneys and bladder healthy; uterus presented several tumors; two small encepholoid masses occupying the fundus on either side of the cavity, each about half the size of a hen egg; developed apparently in the peritoneal coat of the uterus, on its posterior surface, and connected with that organ by small pedicles, were three tumors, each about the size of a partridge egg, nodulated upon their surfaces, and presenting at several points in their interior depositions of osseous matter.

In reflecting upon the foregoing case, the following points have suggested themselves to my mind: 1st. The history of this case affords another illustration of the very unfavorable issue of operations upon malignant diseases, although the general health of the patient may be good, and the whole of the local affection may be removed. 2d. It illustrates the great superiority of water-dressing in wounds where a large surface is exposed, preventing, as it does, the formation of pus-globules, and favoring the modelling process of McCartney, thus saving the patient from an immense drain upon the nutrient elements. 3d. I have never been able satisfactorily to explain the cause of the denudation of the 3d and 4th ribs, neither of which were touched during the operation, and of the ulceration of the muscular tissue attached to them, while the other portions of the wound were rapidly healing, and the general condition of the patient improving. 4th. This case illustrates very beautifully the protective power of nature in guarding the cavity of the thorax from the effects of the ulceration going on in the intercostal spaces; and 5th. It illustrates the frequent co-existence of malignant disease in the breast and the uterus, the probability of which should always be taken into consideration in deciding upon the propriety of the operation.

Remarks on Amenorrhœa, with Cases.

BY JOHN B. DAVIES, M. D., OF CABIN POINT, SURRY COUNTY.

Derangement of the uterine functions have so often been the subject of comment, and the theme of such crude suggestions from novices in the profession, that I feel some delicacy in exhibiting my experience to the public in the form of an essay, for fear of being considered presumptuous, or having the triteness of the subject charged upon me; but when I know what I state to be facts, untinged with any visionary or theoretical speculations, and tending to lessen the suffering of the females of our land, by giving extensive diffusion to all knowledge calculated to ameliorate a most painful and dangerous disease, I am prompted by higher, and, I trust, nobler motives than the mere aspiration of the empty bubble applause, and feel impelled by duty and benevolence to offer my mite in the accomplishment of so desirable an

object. It is unnecessary here to detail the symptoms, as all are conversant with them, and I shall only mention such as occurred in the following cases:

CASE I.—In 1839 I was called to Miss R. of Chesterfield, aged 24, who had not menstruated in seven years. Pain in the head and back, leucorrhœa, chlorotic appearance, some fever, bowels costive, tongue white, numbness down the thighs, tumultuous action of the carotids, fulness of the abdomen, palpitation of the heart, a periodical monthly discharge from the uterus of a greenish fetid character, producing excoriations about the vulva, some dysury and globus hystericus. I ordered the following: One pill at bed time, one next morning before breakfast, and one at 12 o'clock, unless the two first operated. Then omit a night and day, and resume, continuing this course until the liver disgorged itself of its morbid secretion, and healthy action was evidenced by yellowish discharges:

R Mit. hyd. chlo. ℥ j.
 Socot. aloes ℥ j.
 Sapo. castil. grs. v.
 Tart. antim. grs. ij.—Mix—make x pills.

If it happened, as it does sometimes, to be insufficient to produce the necessary evacuation, follow the third pill in four hours with a dose of oil and turpentine. Use red oak bark and alum, alternated with chamomile and flax-seed tea, as tonic astringent and lubricant vaginal injections. This is a bold, but highly excusable robbery of the hymen, enriching her untainted honor with the choicest blessing, health, before which this bubble in the ocean of pleasure sinks into insignificance. It is only in cases of fetid uterine discharge that I resort to vaginal injections in the unmarried, or when the leucorrhœa is severe and obstinate. So soon as the digestive functions assumed healthy action—which, *en passant*, I take occasion to say are always deranged in these cases, and too much overlooked—I ordered a teaspoonful of the following mixture three times a day:

R Vin. tinct. sanguinarix canadensis, ʒ ij.
 Tinct. valerianæ, ʒ j.
 “ dyttæ, ʒ v.
 Syrupi. simp. ʒ vij.

M

Keeping the bowels regular with the pills as before directed. Here we fill three indications, the first a tonic and emmenagogue; the 2d, calming nervous excitability, and the 3d, relieving the leucorrhœa. One remarkable feature in this mode of treatment is, that preparations of iron, as in ordinary anemic conditions of the system, are scarcely ever necessary—all obstruction being removed, all the functions come into action, and healthy blood is generated from the newly established and improved laboratory. I may be too sanguine, too much imbued with the spirit of enthusiasm, but in all candor and truth, I believe this treatment as much a specific in amenorrhœa as quinine in intermittent fever. I have never known it to fail—I have given the prescription to many of my medical friends, and I do not believe one has been disappointed.

For this preparation, the mixture, I am indebted to my friend and former partner in the practice, Dr. Francis J. Mettauer of Petersburg; a practitioner whose enlightened views and distinguished medical skill are properly appreciated where known, but one whose unobtrusive diffidence and innate modesty have obscured the lustre of his medical talents.

CASE II.—A negro, belonging to Mr. Sublett of Powhatan, had labored under that disease for three years, complained of nearly every symptom except the periodical monthly discharge. The same treatment with the same success.

I could mention many more, but it is unnecessary, as the same treatment was pursued.

Surgical Clinique of Richmond Medical College.

Service of Dr. Gibson—February 8, 1851.

REPORTED BY ALFRED B. TUCKER, RESIDENT STUDENT.

Dr. GIBSON exhibited to the class this morning a negro boy 13 years old, with enlargement of the right side of the lower jaw. The boy's master, Mr. Baylor of Essex, states that this side of the bone has always been larger than the other, even from birth, but that it began to produce deformity about two years since, and had increased considerably within the last six months. The patient's condition at present is as follows: On opening the mouth, there is seen an irregular tumor, extending from the first molar tooth to the angle of the jaw, and apparently including the roof of the coronoid process. This tumor is very dense, and is apparently composed of bone alone, without any admixture of fleshy fibres or of cartilage. There are no teeth attached to it, and the only interruption to its surface is a rugged opening, through which a probe may be passed an inch in depth. This opening may be some two or three lines in diameter, and is on the inner edge of the tumor. The external aspect of the tumor, as observed, covered by integument, is irregularly elongated, and presents the same dense feel when handled. The tumor is free from pain, and has always been so, even when rudely examined. The boy's constitution has been in no way involved by this affection. There are no general symptoms—but he is entitled by hereditary predisposition to the strumous diathesis, and manifests it by certain characteristics.

Dr. Gibson remarked, that the diagnosis he should be disposed to make in this case was, that of spina ventosa or cellular exostosis—a disease non-malignant in character, and injurious chiefly by its disposition to increased enlargement, whereby the functions of mastication and deglutition are impaired, and from the pressure of which important parts, as the larynx and œsophagus, may ultimately suffer.

Dr. Gibson said that he thought the indication in the treatment of this case was to remove the diseased bone, not because of actual inconvenience at this period, but because, judging of its future advance

by its progress in the last six months—it was much to be feared that its removal would become necessary at no distant period, and he considered that every month's delay must add to the difficulties and dangers of the operation. Accordingly, he should proceed to remove the disease by disarticulating the condyle of the jaw of the right side, and by section of the bone near the symphysis. The boy was laid upon the table and caused to inhale chloroform from a sponge held in a little piece of cotton cloth, and after some four or five minutes became unconscious. The first incision was made, beginning over the condyle, and extending down in a straight line to the base of the jaw—here another incision was commenced, extending along the base of the jaw until it reached a point corresponding with the corner of the mouth—a third incision was then made from the end of the second, directly upwards to the lip, stopping at the margin of the lip, and thus leaving it intact. The facial branch of the carotid artery was necessarily divided in the second incision, and its hæmorrhage was controlled by the pressure of Dr. Johnson's finger. The flap thus formed by the three incisions was dissected up, and the tumor brought clearly into view. The second bicuspid tooth was now extracted, and the soft tissues being incised from the bone at this spot, it was cut through, partly with the straight saw and partly by means of powerful bone pliers. The bone being separated, was now held in the left hand, and the surgeon began the work of separating the attachments to it within the mouth. This was concluded with but little hæmorrhage. The bone being depressed forcibly, and as a lever, the coronoid process was separated from its muscular connections, and finally the condyle was removed from its capsular attachments, and the whole mass brought away. Some delay was occasioned at this stage of the operation, perhaps in consequence of the enlarged and expanded condition of the coronoid process, which had been altogether changed in form by the extension of the disease into it. The patient also manifested considerable though momentary pain, when the inferior dental branch of the 5th pair of nerves was cut across. After securing the facial artery by ligature, the edges of the flap were accurately adjusted by means of the interrupted suture and the isinglass adhesive plaster. A piece of lint soaked in cold water was applied over the wound, and covered with oil silk, and the patient was removed from the operating room.

Examination of the diseased bone verified the diagnosis expressed.

February 11th.

Dr. Gibson announced to the class that he intended to-day to perform the operation of extirpation of a diseased testis, in the case of a man who had been in the infirmary during the last five or six weeks. This man, it seems, contracted gonorrhœa whilst at work in a factory in Manchester, about a year ago, and had orchitis supervening upon it in May last. The inflammation of the testis resulted in suppuration of the gland, and when he entered our institution he had gonorrhœal discharge, and purulent secretion from two sinuses which led into the

testis. He was placed upon appropriate treatment, and in a short time the urethral discharge ceased, but no amendment was observable in the condition of the testis; on the contrary the sinuses increased in depth and communicated with each other, whilst the general health began to be impaired; loss of appetite, evening exacerbations of fevers and night sweats, all marking the general effect of the local malady. Under these circumstances, Dr. Gibson said that he deemed it expedient to perform the operation of removing the diseased testis, believing as he did, that the arrest of the dangerous constitutional symptoms referred to would be favored thereby. He remarked that the opinion had often been expressed that the operation of castration was too frequently performed unnecessarily, and that many very distinguished surgeons limited its employment to cases of malignant disease occurring in the organ; but that whilst he was willing to believe it had been often needlessly performed, he could not subscribe to the limitation of it to malignant disease. Indeed, he remarked, he conceived the case before us to be one which not only admitted of, but loudly demanded the operation, as the life of the patient, threatened as it now is by hectic, might perhaps be saved by means of extirpation of the testis, whilst in cases of disease undoubtedly malignant there is too much reason to fear that no operation whatever might prove availing.

Dr. Gibson stated that the ordinary mode of performing castration was this: The patient being placed on his back near the edge of a narrow table, with his feet supported by chairs—the surgeon sits or stands between his thighs, and grasping the scrotum (which, with the pubes, has been previously shaved,) with his left hand, makes an incision through the tunics of the testes, commencing at the external abdominal ring, and ending at the bottom of the scrotum. This incision exposes the gland—the cord is now detached from its connections, and being held by an assistant, is cut across, and the testis is afterwards dissected out from its attachments.

Dr. Gibson stated that he had never yet performed the operation of removing a diseased testis, but that on this occasion he should not pursue the plan usually recommended, because he had seen in the "*Abeille Medicale*" of 15th April 1850, an account of a suggestion of M. Jobert, as to a new mode of performing the operation, which he thought superior to any other. He stated that one of the inconveniences of the ordinary operation is the leaving of a deep cavity in which the fluids accumulate, and very much interfere with immediate union. M. Jobert's suggestion is to make a sort of bi-valve flap, exposing the testicle by a semi-circular incision, with the convexity downwards. The scalpel is entered at the margin of the external ring and carried from above downwards, along the external and anterior portion of the tumor, as far as its base, where it takes a turn to the inner side and remounts towards the ring, without, however, being carried quite to it. The lips of the wound open almost of themselves, and it is only necessary to carry the scalpel, first under the anterior and afterwards under the posterior flap, in order to isolate the testis. The cord is now divided, and its arteries tied. There

thus remains a sort of shell, of which the two valves are perfectly adapted to each other, and are consequently in a condition the most favorable for immediate re-union, which is not in this, as it is in the ordinary operation, interfered with by the stagnation of the fluids.

Dr. Gibson having thus explained the operation of Jobert, proceeded to place the patient under the influence of chloroform, which was accomplished in about 12 minutes—after which he extirpated the testis in the manner referred to.

The only hæmorrhage that occurred, and this was exceedingly slight, was from a small cutaneous artery—not requiring the ligature. The arteries of the cord were tied, not because they poured out blood, but for fear of subsequent bleeding. The interrupted suture and the isinglass plaster were employed in bringing the valve flaps into accurate adaptation, and the cold water dressing then applied by means of the T bandage, and the patient removed from the amphitheatre.

Medical Clinique.

Report of Two Cases of Paralysis, occurring in the Infirmary of the Medical Department of Hampden Sydney College—Service of Prof. Tucker. Communicated by SAMUEL C. GHOLSON, Resident Student.

CASE I.—George, a negro boy, aged ten years, property of Dr. Pollard, entered the infirmary of the Hampden Sydney medical college on the 21st day of December 1850. He, upon examination by Professor Tucker, was found to be afflicted with paraplegia. The loss of motion in the lower half of the body was complete, but the anæsthesia was only partial. Of his previous history we know nothing, except what was obtained from the boy himself, and that, of course, was indefinite. He worked in a tobacco factory; had never received any injury from fall or otherwise. The paralysis supervened gradually, its first approach being only manifested by instability of the lower extremities, attended with irregularity of motion. He had been visited several times by an able practitioner of this city, the paraplegia having existed two months previous to his admission in the infirmary. It seems, from the note that accompanied him, that his recovery was despaired of, his condition hopeless, and that he had been sent here, as a *dernier ressort*, by the agent of his master. We may add here, that the boy was supposed to be infected with entozoa. He never voided worms, by stool or otherwise, during his stay here.

Prof. Tucker stated, that hemiplegia was the usual form of paralysis observed in cerebral apoplexy, softening, &c.; whereas, in spinal hæmorrhage, or in softening of the spinal marrow, &c., though hemiplegia may exist, it is commonly temporary, the paralysis assuming, after a longer or shorter time, the form of paraplegia, or paralysis of motion and loss of sensation in all that part of the body supplied with nerves emanating from a point below the seat of spinal disease. In this case, taking into consideration that the intellectual faculties of the

boy were unimpaired, that the power of motion and sensation in the upper extremities was perfect, he deemed it admissible to infer that the lesion existed in the medulla spinalis only. This lesion he supposed to be *ramollissement* or softening of the spinal cord, but stated at the same time, that in diseases of such long standing, and whose seat was so inaccessible as those of the cerebro-spinal axis, it was impossible to make a certain diagnosis, the more especially when but little was known in reference to the previous history of the patient. That the diagnosis could only be verified with absolute certainty, by an actual examination of the parts implicated, and this, he thought, from present appearances, we would have an opportunity of doing in the course of a few weeks.

Presuming that the usual routine of remedies had been already employed, after ablutions to remove the filth that had accumulated upon the person of the patient by want of a proper regard to cleanliness, a purgative dose of calomel and jalap was administered to evacuate the alimentary canal of any vitiated secretions or other irritants that might exist in it. This was followed by the exhibition of strychnia, in doses of $\frac{1}{16}$ of a grain three times a day, increased by $\frac{1}{16}$ every second day. Stimulating frictions were also exercised upon the lower extremities and over the vertebral column. The administration of strychnia, as above laid down, was continued for a week, when marked convulsive movements of the muscles of the legs occurred—its use was then intermitted, and its effects rapidly disappeared. During all this time, the patient remained utterly helpless, passing his fæces and urine in the bed, all the power of the sphincters being lost. The strychnine was resumed in doses of $\frac{1}{12}$ of a grain three times a day, and continued until rigid contractions of the paralyzed limbs supervened, attended with spasmodic movements of the muscles of the extremities, particularly when irritated by being touched. The patient meanwhile emaciated rapidly; ulcerations of the nates were produced by continued pressure. There was perfect anorexia. The palliative treatment was resorted to, and occasional hypnotics exhibited for the purpose of procuring the necessary rest. Milk toddy was given to support the flagging energies of the patient. The strychnia was never renewed, but its effect continued until the death of the patient, which took place on the 7th of February.

Post mortem.—The vertebral canal was laid open from the middle of the dorsal region to the extremity or apex of the sacrum, but no lesion presented itself to which the grave symptoms that attended this case could be justly referred. There was considerable congestion in the plexus of veins about the vertebral canal, but there is room to conjecture whether this would produce the paraplegia. It is to be regretted that the whole medulla was not examined—a neglect which renders the case much less interesting and instructive than it would otherwise have been.

CASE II.—Werter, a negro man, aged 45 years, entered the infirmary of the medical department of Hampden Sydney college on the 22d of January 1851. The following symptoms were presented in

his case:—Paralysis of the left side and entire loss of sensation, features drawn towards the right side in consequence of paralysis of muscles of the left; tongue, when protruded, turned towards the unaffected side. His sight seemed to be somewhat impaired, his hearing was perfect. He appeared drowsy and as if verging upon coma, though he could be readily aroused from his lethargy; breathing somewhat labored, pulse full and slow, but not incompressible. The radial artery of the right side presented evidences of ossification. Previous history only gained from the patient. He stated that he was a workman on a canal freight boat, had suffered from repeated attacks of vertigo, and in the present instance fell suddenly whilst engaged in his work. This occurred three days before his admission into the infirmary. He used ardent spirits; in person he was corpulent; neck short and very stout. He had not been treated, as we could learn, before he came into the infirmary, and had never suffered from an attack of a similar nature to this one before.

Professor Tucker saw him on the 22d; said that he supposed him to be laboring under an attack of apoplexy or its consequences, probably softening of the cerebral substance, from irritation and inflammation produced by the clot; that the disease existed in the right hemisphere. Explained why he thought so, stating that the fibres of the anterior pyramids of the medulla-oblongata decussated—hence the paralysis of the left side. Professor Tucker also remarked, that in all probability there existed ossification of some of the arteries of the brain.

Treatment.—Cupping at back of the neck, mustard pediluvia, as hot as the patient could well bear, sinapisms to the ankles, thighs and breast. 23rd January.—Small doses of calomel and ipecac.; that is, calomelanos, grs. ij; pulv. ipecacuanha, gr. i, every 4 hours. Jan. 24th.—Calomel and ipecac. continued—blister over the right hypochondrium—size about 5 by 10 inches: during all this time the patient passed his fæces and urinated involuntarily. 25th January.—Cal. et ipecac. continued—purging considerable; gum opii gr. $\frac{1}{2}$ administered—cupped over the nuchæ again. 26th.—Salivated—mercury discontinued—he was purged freely. 27th.—Blister at back of the neck. Diet of the patient mild, unirritating and fluid. The act of mastication and deglutition performed with difficulty even previous to salivation. 28th.—Condition unimproved, complained of want of sleep. Sulph. morphiæ gr. $\frac{1}{4}$, exhibited at night—obtained some sleep from it. Seemed better on 29th, though still approximating a comatose condition—mouth continued sore—no ulceration took place—patient asked for apple-water. He continued pretty much in the same condition, passing his fæces and urine involuntarily, breathing somewhat stertorously, between sleeping and waking, until the 8th of February, when he died about 3 o'clock, P. M. It is perhaps worth while to state, that after a few days the tongue was protruded naturally—that is, without any forced inclination to the right side. For several days previous to death the patient was annoyed with incessant hiccoughs—to relieve which, bismuthi subnit. grs. ij et extract hyosciami g. i was exhibited every 3 hours.

The post mortem examination was conducted by Professor D. H.

Tucker and Professor C. P. Johnson. It was very interesting—particularly so, for the reason that the lesions found fully explain the symptoms that existed during life. The pia mater presented a beautiful array of vessels, though obscured here and there by patches of coagulable lymph, having underneath a jelly-like substance. In the sub-arachnoid space a considerable amount of serum was effused. The amount, including a small quantity of blood, which was mingled with it, measured four ounces, and when treated with nitric acid, a large quantity of albumen was precipitated. The arachnoid membrane was opaque and thickened. Its consistence was considerably increased. The structure of the left hemisphere of the cerebrum was comparatively healthy, whilst that of the right side was softened, pulpiform, and even puruloid in character. Before the substance of the brain was incised, the existence of a large depression over the seat of the ramollissement enabled us readily to distinguish the diseased from the healthy hemisphere. There was not much unnatural effusion into the ventricles. Some of the arteries at the base of the brain, chiefly the posterior, communicating a portion of the circle of Willis, were partly ossified. There was no evidence of the cerebral softening having been produced by the presence of a clot of blood. In this case, though there was evidently very serious lesion of the brain, it was impossible, in consequence of a want of knowledge of the previous history of the patient, of the mode of invasion, and of the progress of the disease, to diagnosticate the precise character of the organic lesion of the brain.

EDITORIALS, &c.

State Organization.

It would be needless for us here to enter into a lengthy article on the importance and value of an organization of the profession of the whole state. We should like to publish extracts from various letters on that subject, received from subscribers in every part of the country, but space will not permit it in the present Number. The interests of the physicians call loudly for an organization of some sort, and its necessity is palpable. Many different plans may be suggested and schemes concocted, but they will all be attended with some trouble and labor; they will all fail, unless there is an united action and a good hearty co-operation on the part of all its friends, regardless of minor details.

It has been suggested by several correspondents and others, that the Medical society of Virginia is an institution of the state at large, and not intended to be a local affair for the city of Richmond. It holds a valuable charter, (we published this in our last,) under which every

physician in the state may be enrolled, and which is amply sufficient to cover an organization of a body which could effect all the practical reform, &c. which may be achieved in any other way. Then it is plain that the simplest and most effective mode of organizing the profession now, is to take advantage of that strong charter, and make the respectable physicians of the state members of the society. Let it hold annual meetings, as the American medical association does, and let the county and city societies be branches, to regulate their local matters—while those of general interest would be the business of the general state society. Other states have acted, and without having any such advantageous medium to operate through. We are fully aware that there are some who are unwilling to give up the charter now held by the Richmond city society to the state at large and resolve it into a branch body, with a local organization, but we are as well aware that there are some who are unwilling to do anything towards the accomplishment of the object, or towards anything further than to make and collect fees. We trust that these do-nothing gentlemen will turn out to be in the minority. Let the profession elsewhere in the state insist on their rights and enjoy the privilege of making their state organization under an authoritative act of assembly, already passed, but now in the hands of the Richmond city physicians.

We hope that Virginia will be fully represented at the next meeting of the National Medical Association, and as that body meets about the 1st of May, there is no time to be lost in making up the delegations to represent the schools, societies, and the profession at large. It is too much the custom in Virginia to appoint large delegations to all conventions. The effect of this is, that few, if any, ever deem it their duty to go, and the appointment passes off as an empty honor. We therefore hope, in the appointment of delegates to go to Charleston on the part of our schools and societies, that men *who will go* will be appointed, and not those who simply desire to be recorded on the roll. We would be glad to receive correct lists and to announce them in our next Number.

It may be well to state that, according to the rules of the association, societies are allowed one delegate to every ten members.

A good delegation from Virginia will induce the convention of 1852 to assemble here.

"*A Treatise on Strabismus, with a description of new instruments designed to improve the operation for its cure, &c., illustrated by cases. By James Bolton, A. M., M. D., Memb. Med. Soc. Va., 36 pp. P. D. Bernard, Richmond.*"

We have received this little treatise from the author, and take pleasure in recommending it to the profession, as a simple but perfect description of this deformity, with the manner of procedure for its cure. With it and the simple instruments described, the merest tyro may operate with safety and success. The remarks on the *causes*, advantages of the operation, and the complications, are short but to the point. It is entirely a Richmond production—the writing, printing, engraving and binding—and does credit to the artists.

"*Report of a case read before the Med. Soc. East Tennessee, in which the diagnosis was disease of the kidney. By Frank. A. Ramsey, M. D., Cor. Sec.,*" &c.

We have received this little *brochure*, "published by order of the society," and perused it. It is a sort of treatise on the diagnosis of kidney disease, with a case followed up. The paper is an instructive one, but the author is rather indefinite in some points. After announcing the death of the patient, the author says: "It is true, no *post mortem* examination was made; but with all the lights which are given us by the developments made from *post mortem* examination of the reported cases, we cannot ascribe our patient's symptoms to any other source than the kidneys." An examination should have been insisted on.

We have received the Introductory Address of Dr. M. M. Pallen, Professor of Obstetrics, &c. in the St. Louis University, delivered to the class of 1850-'51. Of course, this lecture abounds in good sentiment and is prettily written; but we take this occasion to remark, that throughout our whole country pathological anatomy is too much neglected. A proper estimate is not instilled into the young doctors of the great value of making close and accurate *post mortems* whenever an opportunity is afforded. Let us do this, and in a few years we will not have to look to Europe for all of our pathological facts. Of course we differ widely with Professor Pallen, where he says: "The undue importance attached to *post mortem* examinations (a valuable aid I admit) is another serious error—it leads to the neglect of correct observation during life," &c. Now, the learned professor may be very right in much that he says here, but it is at least a question of doubtful policy to underrate *post mortems* to a class of students, a majority of whom may never be prone to make them. They

ought rather to be encouraged to do it, and every means ought to be adopted to do away with the prejudice in the popular mind against them.

Medical Progress, alias Fanaticism.

We have received, under the frank of a M. C., a little pamphlet entitled "AN APPEAL TO THE MEDICAL SOCIETY OF RHODE ISLAND, IN BEHALF OF WOMAN TO BE RESTORED TO HER NATURAL RIGHT AS 'MIDWIFE,' and elevated by education to be the physician of her own sex"—!!! "NO COPY-RIGHT," "printed for the author—1850." Endorsed on the last outside page, is "READ AND LEND," in big black letters.

At the end is the following insinuating appeal:

"RESPECTED READER,

"In order to promulgate the principles of the 'mighty truth,' I am induced to publish gratuitously the above letter, which is offered for your candid consideration and attention, and with the prayer that it will awaken you to a sense of moral duty to accomplish its sole object of pure benevolence. By reprinting or publishing, (by subscription or otherwise,) and freely distributing these sentiments throughout our country, you will aid the cause of morality and virtue, and may God, in His infinite goodness, reward you for your labor, is the prayer of

THE AUTHOR."

This filthy and obscene effusion, from some whining, hypocritical fanatic, has been very extensively circulated, we believe, throughout the whole United States, and is put into the hands of women and of *he grannies*. Its doctrine may work its way like priestcraft, particularly as its language is that of ranting fanaticism and popular piety. It begins, "With a deep sense of my duty to God, and my obligations to society; with a trusting faith that an overruling Providence will rightly direct my efforts in the cause of humanity," (!!!) "I wish to address you upon a subject of vital interest, and one on which you will soon be called upon to decide, by the overwhelming force of public opinion, viz: Women's Rights, in this matter," &c.!!!

There are some novel *facts* which we learn for the first time in this grand document. One or two of the newest are these:

"—— while every nation on the continent of Europe educate and employ *women only* in obstetrics. In our Southern states, the negro woman, with no other than the intuitive education of nature, *always*

performs this office for her white mistress with far greater safety than is possible for man.

"The medical college at Geneva has done itself honor in conferring a diploma on Miss BLACKWELL. Mrs. FOWLER and Mrs. GLEASON, with degrees of M. D., are professors in the Eclectic medical college of Rochester, N. Y.; a female medical college has just been chartered by the state of Pennsylvania, at Philadelphia; female students are admitted to equal privileges in the medical colleges at Memphis and Cincinnati, and are about to be admitted at the medical institution at Worcester, Massachusetts."

This small potato should not have received even a notice at our hands, but for the fact of its general circulation, and our opinion that it is calculated to make as great an impression in some communities and produce as bad an effect, as a respectable practitioner could eradicate in years. "*Vive la bagatelle!*"

The following journals have been added to our exchange list since the last Number:

The Northwestern Medical and Surgical Journal, 64 pages, bi-monthly, published at Chicago and Indianapolis, and edited by JOHN EVANS, M. D., Professor of Obstetrics, etc. in Rush Medical College, and EDWIN G. MEEK, A. M., M. D.

The American Journal of Medical Sciences, with the Medical News and Library for January and February.

The Western Medico-Chirurgical Journal, a small monthly, published at Keokuk, Iowa, and edited by Drs. J. F. SANFORD and SAMUEL G. ARMOR, Professors in the Iowa University, No. V., Vol. 1, January 1851.

The Western Lancet and Hospital Reporter, Cincinnati. Edited by Professors L. M. LAWSON and MENDENHALL.

The New York Journal of Medicine, edited by Dr. S. S. PURPLE, an excellent bi-monthly.

The Medical Examiner for February has not yet been received.

The Ohio Medical and Surgical Journal for January is received. We notice it contains the valedictory of its late editor, Dr. S. Hanbury Smith, who has been called to take charge of the Ohio Lunatic Asylum. Dr. Richard S. Howard, who succeeds Dr. Smith in the chair of surgery in the Starling Medical College, has taken charge of the Journal, and promises in his introductory "to use every exertion to make it a good journal, and to discontinue it when it is reduced to a mere *echo* or reprint." From this introductory, we observe that the profession in Ohio numbers about four thousand.

The Buffalo Medical Journal and Monthly Review, edited by Dr. AUSTIN FLINT; February Number.

The Southern Literary Messenger, of our own city, for February, is on our table. It sustains well the high character which it bears, and is certainly one of the best literary magazines published anywhere. Its only fault with Virginians is, that it does not come from abroad. We thank its able editor for his notice of us. We hope that our subscribers will increase sufficiently to support our work at its present cheap rate, though our experienced friend Thompson says we have started on too large a scale.

To Correspondents.

Communications have been received from Dr. John P. Mettauer, J. M. Galt, Richard H. Parker, J. L. Dorset and others, but they came too late for the present Number.

B.'s article will appear in our next. We shall not only be pleased to hear from him frequently, but beg that he will at least give us his name.

Dr. S. is informed that our pages are not the proper medium for personal wrangles between physicians. According to his statements great injustice has been done him, to be sure, but the medical society of his district is the proper place for adjusting the grievances complained of, and we advise the doctor, (who is no doubt a gentleman of the highest tone,) to appeal to his fellows. If there is no society in the county, then form one at the next court.

Medical Society of Virginia.

The last meeting (Feb. 18th) was a very full one, and we were glad to see that there were many country members and visitors present, though at the same time the State agricultural society was in session, and there were several other occurrences in the city calculated to draw off members. A large number of letters of application for membership were read and laid on the table—they were mostly from physicians in the country.

The subject of typhoid fever was then debated at great length, the pathology of the disease being the principal topic of each member's remarks.

The whole, or such part as may be ready, of the report of the committee on anæsthesia was made the subject of discussion for the next meeting, (March 18th.) An interesting debate may be expected.

Dr. Bolton presented a portion of the stomach of a mare, having its mucous surface thickly studded with larvæ of the bott-fly (*œtrus equi*.) The animal died of colic during the winter of 1849-50, having been previously in fine health. She was thorough-bred, and about 9 years old.

The report of a committee to prepare a memorial to the city council for the establishment of a city dispensary was read and adopted, and the committee instructed to present it to the council.

The hour being late, the society then adjourned.

It may not be known to many of our readers, that every post in France, almost from that of nurse in a hospital ward up to the highest scientific honor, (member of the Académie des Sciences,) is filled by public competition or concours. This system we believe will be universally adopted, unless the world takes on a retrograde action; and as an illustration of the admirable working of the system, we clip the following:

From the London Medical Examiner.

The Concours.

A description of the late contest for the chair of operative surgery in the faculty of Paris, will explain the matter more fully. We extract the particulars from the "*Gazette des Hôpitaux*" and "*L'Union Médicale*." The judges were, Cruveilhier, Andral, Denonvilliers, Dubois, Gerdy, Langier, Moreau, Roux, Velpeau, Begin, Jobert, Gimmel, Baffos and Huguier. The candidates, Lenoir, Nelaton, Richet, Gosselin, Sanson, Robert, Maissonneuve, Jarjavay, Chassaignac and Malgaigne. Several questions are put into the urn, and the candidate has to answer that which falls to his lot. This examination consisted of five proofs. 1. A written dissertation, (drawn by lot,) the subject the same for all the candidates. 2. A lecture, after three hours preparation. 3. A second lecture, after twenty-four hours preparation. 4. One or more operations on the dead body. 5. A thesis, upon which each candidate is examined by his competitors. The relative value of the different modes of union, after surgical operations, formed the subject of the first trial. The remaining questions were as follow: On the different methods of arresting hæmorrhage after operations; subcutaneous sections; the use of the trephine; operations applicable to the treatment of erectile tumors; on amputation and extirpation of tumors in general; on amputation of the limbs; operations for non-united fractures; operations for varicose veins; of articular resections in general; operations on the iris; operations for

aneurism of the carotids; on strangulated femoral hernia; on puncture of the bladder; operation for the restoration of the eyelids. Three operations on the dead body were performed by each of the candidates.

The numbers were, first "tour," Malgaigne 8, Robert 4, Nelaton 2, Lenoir 1, Jarjavay 1. Second "tour," Malgaigne 8, Robert 4, Nelaton 3. The election of Malgaigne must be hailed by all with satisfaction. This mode of decision cannot invariably insure a just selection, but an *incompetent candidate can never succeed*.

Results of Fifteen Operations for Lithotomy.

BY P. C. SPENCER, M. D., OF PETERSBURG, VIRGINIA.

In the following operations, performed within the last fifteen years, in Petersburg, Va., the instrument used was the lithotome caché, or the bilateral improved instrument of Baron Dupuytren.

CASE I.—A free boy, four years of age, was operated on in September 1833. Drs. Theophilus F. Gilliam and Birchett were present. From some unknown cause he died in the course of the night. His parents refusing positively to allow any kind of examination to be made, and as the loss of blood was very inconsiderable, and nothing unusual occurred in the operation, we were totally at a loss how to account for his death, unless it was from a nervous shock given to the system. The calculus extracted was about the size of a pigeon's egg.

CASE II.—Mr. Edward Ragsdale, of Virginia, aged seventeen years, was operated on October 1st, 1835. Drs. L. White, of Petersburg, and Morrison, of Brunswick county, assisted in this operation. We found a very large calculus encysted a little behind and laterally to the prostate gland, and so completely imbedded as to require considerable force to separate it from the wall of the bladder.

This operation was performed about fifty miles out of town, and I was unable to see the patient as often as I wished. For a few days after the operation the case appeared as though it would do well. Later, however, he fell back, and steadily declined, and died on the fourteenth day. This result was not altogether unexpected, and was attributed to the great delay on the part of the patient in assenting to the operation, his weak condition, and the severity of the cystic irritation, which had so long existed; for he would only submit to the knife in the last extremity.

CASE III.—A slave, aged thirty-five years, operated on in May 1837. After the result of the two previous cases, I invariably placed the patient under preparatory treatment, varying the treatment according to the circumstances, and witnessed the happiest results. In this operation I was assisted by Dr. L. White and several students of medicine. We removed a very large calculus. The patient passed his urine naturally on the eighth day, had no fever of consequence, was walking about on the twentieth day, and in the course of a month returned home cured.

CASE IV.—A slave, aged eighteen years, was operated on May 16th, 1837. In this operation I was assisted by Dr. L. White. We removed a very large number of calculi, which we found this bladder contained, many of which were so fragile that they were broken to pieces in attempting to bring them away. This patient, much to my astonishment, but more to my pleasure, passed his urine naturally on the fifteenth day, had no fever of consequence, but little after treatment, and returned home about the fortieth day cured.

CASE V.—J. L. Long, of Virginia, aged seven years, was operated on November 21st, 1838. I was assisted in this operation by Drs. L. White, Cox, Michie, and several students of medicine. We removed a calculus of medium size. On the fifth day he passed his urine naturally. His recovery was rapid, and he returned home on the twenty-fifth day cured.

CASE VI.—Ripley Maggett, of Virginia, aged nine years, was operated on in May 1839. Drs. Robinson, White and Jones assisted in this operation. I made an opening into the rectum, and found it exceedingly difficult to effect a union of the parts. The only remedy resorted to was the solid stick of lunar caustic, introduced into the rectum on the finger of the left hand; an operation which I found necessary to be exactly repeated every thirty-six hours, for if I waited forty hours, his evacuations would pass through the cut, sometimes fæces and urine commingled. The after treatment was more protracted than in any previous case. He returned home in about forty days, but with occasionally some moisture of the parts. He finally recovered, and his health has been perfectly restored.

CASE VII.—Slave Ambrose, aged five years, was operated on June 1st, 1840. Drs. White, Michie and Jones assisted in this operation. We removed a calculus of more than ordinary size. He passed his urine naturally on the tenth day, and on the thirtieth returned home cured. Nothing unusual occurred in the case.

CASE VIII.—James Wells, of Virginia, aged four years, was operated on in September 1844. In this operation I was assisted by Drs. White, Jones and Couch. He passed his urine naturally on the eighth day, was walking about on the fifteenth, and returned home cured on the thirtieth day.

CASE IX.—Mr. H. Hardy, of North Carolina, aged eighteen years, was operated on November 21st, 1844. The necessary preparatory treatment was administered by Drs. Johnson and Cross, of the neighborhood, when I visited him, attended by my friend Dr. J. F. Peebles, who assisted, in conjunction with the two gentlemen above named, in the operation. We removed an uncommonly large calculus. Although the operation was performed with our usual caution, and in the same manner as heretofore, yet the pudic artery was unfortunately wounded. It is perhaps worthy of remark that this accident did not at once manifest itself. It was only after the patient had been cleansed and replaced in bed that hæmorrhage came on. After, in quick succession, he had discharged several coagula of blood of the full size and shape of the bladder, which he voided, impelled by a desire to urinate, symptoms of sinking to such an alarming extent came on that it became necessary to replace him once more on the table, with the view of

arresting the hæmorrhage. Whilst preparing a tent for this purpose, Dr. C. Cross inserted his finger into the wound, and feeling the jet of blood impinging against it, suddenly made pressure on the spot. The manœuvre was eminently successful. It was soon found that he had the bleeding entirely under control. Other measures were at once abandoned for this simple yet direct procedure. With unflagging zeal, altogether above all praise, Dr. C., despite the discomfort of his position, steadily maintained the pressure on the wounded vessel for five or six hours, when, gradually withdrawing his hand, we found that all bleeding had ceased. A sponge was then introduced on a canula, which was saturated with a solution of creosote, and allowed to remain until suppuration took place.

The weak state of the patient, combined with much cystic irritation, which continued for some time, rendered his condition extremely precarious for several weeks. Under appropriate local and general treatment, however, he gradually gained and finally was perfectly re-established in health.

CASE X.—Mr. J. R. Lunsford, of Virginia, aged twenty-seven years, was operated on January 17th, 1845. Drs. White, Jones, Couch and Strachan aided in this operation. We removed two calculi, one of more than ordinary size, lying just in front of the prostate gland, the other in the bladder. Finding two, either over the common size, I examined very minutely with the finger and the instruments, but found no other. I then proceeded to wash out the bladder with warm water and Castile soap, and replaced him in bed. He rallied at once, and was restored to complete health in an unusually short time. He passed his urine naturally on the tenth day, and returned home on the twenty-fifth day.

CASE XI.—Master Rufus Stallings, of North Carolina, aged four years, was operated on May 18th, 1847. I was assisted in this operation by Drs. J. F. Peebles, White, and Thweatt. The calculus was removed, and he commenced passing his urine naturally the next morning. On the third day he passed all his urine per urethra, and returned to the interior of North Carolina on the nineteenth day from the operation, in fine health and condition.

CASE XII.—Cornelius, a slave, four years of age, was operated on May 31st, 1848. Drs. Peebles, White, Withers, and Thweatt assisted in this operation. The calculus was removed, and he commenced passing his urine naturally on the fifth day, recovered his health rapidly, and returned home on the twenty-fifth day well.

CASE XIII.—Master Louis Blitz, of Virginia, aged seven years, was operated on March 25th, 1849. I was aided in this operation by Drs. White, Michie, Couch and Hinton. We removed rather a small calculus. The health of this patient was extremely low, and his recovery gradual until the tenth day, when he commenced passing his urine naturally; from that time he recovered rapidly, and returned home on the thirtieth day from the operation in good health.

CASE XIV.—William, a slave from Williamsburg, Virginia, aged four years, was operated on April 29th, 1849. In this operation I was assisted by Drs. Peebles, Michie, Withers, Couch and Durkin. We removed an uncommonly large calculus from the bladder, mea-

surging one and a half inch in length, and large in proportion. The little boy had suffered from birth, and had become so much emaciated and relaxed as to render the operation most difficult. After the first cut of the scalpel, such immense relaxation and prostration of the lining membrane of the rectum took place, that I was compelled to lay the bistoury down frequently to replace the protruded membrane before I could complete the necessary section to get in the groove of the staff. In the progress of the operation, I unavoidably cut into the rectum, as I apprehended. Having committed the same error in the sixth case, or operation on R. Maggett, I at first feared much trouble, but suggested to my friend Dr. Peebles the propriety of locking up the bowels, with some preparation of opium, and permit the small opening in the rectum to heal as speedily as possible. To our astonishment and gratification, in a few days the part had healed and become firm, and on the fourth day he passed his urine naturally. Recovery in this case was as speedy as in any I had ever known. On the twenty-second day from the operation he returned to his home in Williamsburg, full of life and health.

The above mode of treatment I have since ascertained, first suggested, I believe, by M. Chomel, of Paris, is now generally employed in cases of intestinal perforation occurring in typhoid fever. It is certainly applicable to all cases of wounded intestines, and I perceive that Dr. Gerhard also recommends it in pneumothorax.

CASE XV.—Mr. A. Wells, of Virginia, aged twenty-eight years, was operated on September 23d, 1849. I was assisted in this operation by Drs. Couch, Peebles, Hinton and Rives. We removed a calculus weighing five hundred and sixty-three grains. The enormous size of the stone considered, it was with no little surprise and pleasure that we found him passing his urine naturally on the eleventh day. His general health improved rapidly, and the only after treatment pursued was the infusion of buchu through the day and a good and nourishing diet. It may be proper to remark here, that the external incision did not heal as rapidly as we anticipated. The healing process was very gradual, and it was not until the caustic had been several times applied that we could get the part to heal completely.

Recapitulation of the Fifteen Cases.

1st case	died in the course of 12 hours.
2d do.	" " " " 14 days.
3d do.	urinated naturally on the 8th day.
4th do.	" " " 15th day.
5th do.	" " " 5th day.
7th do.	" " " 10th day.
8th do.	" " " 8th day.
10th do.	" " " 10th day.
11th do.	" " " 3d day.
12th do.	" " " 5th day.
13th do.	" " " 10th day.
14th do.	" " " 4th day.
15th do.	" " " 11th day.

In the 6th and 14th cases the rectum was cut. In the 9th case the pudic artery was divided.

Of the 15 cases, 9 were whites, all males; 3 boys, 4 nearly grown, and 2 over 21 years of age. The number of blacks 6, 4 boys and 2 men.—*American Journal of Medical Sciences.*

[CASE XVI.—The boy Austin, a slave, aged 17 years, having labored for years under a painful affection of the bladder and urethra penis, as was supposed by some of the profession, was, on the 26th February 1850, ordered to this place, to have an examination made. It was supposed, from the general history of the case, that a calculus of ordinary size was contained in the bladder. The introduction of the sound shewed this to be true—and after the necessary preparatory treatment, the operation was performed, March 3d, 1850, Drs. Peebles, White and Cox being present. We removed a calculus weighing 630 grains. I think it extremely probable that more than one opening was made into the rectum, owing to the ungovernable character of the subject, the difficulty of managing him being greater than in any former case. On the third day, I found the urine passing off with the fæcal evacuations—and to remedy it, gave the opiates a fair trial. They were ineffectual. In this case sloughing of the cellular tissue was very extensive. After the use of the opiates the stick caustic was resorted to—it being applied every 36 hours, was also ineffectual. Recovery being slow, it seemed important that the improvement of his general health should be looked to. To accomplish this, a more generous diet, in combination with quinine and camphor, moderate exercise, and longer intervals for sleep and quiet, were recommended. These acted like a charm. On the 22d May he returned home, and very soon enjoyed complete health.

He has not been heard from since November last; he was then well and growing rapidly; he no doubt continues well, or he would have been heard from, as he lives only a few miles out.—P. C. S.]

ATTENDING FAMILIES BY THE YEAR.—The plan of attending families by the year is dictated by a trading, mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher or the iceman, but is clearly out of place among physicians. We are glad to hear that, notwithstanding the efforts of some members to have it recognised by the Medical society, that respectable body unhesitatingly condemned it.—*St. Louis Probe.*

[We cordially concur in the sentiment here expressed. In Richmond (and throughout the state, we believe,) the practice has long since been scorned down. If there are any exceptions, the low tradesmen in the profession who practise it are beyond the pale of respectability, or conceal their names even from the public.—*Ed.*]

Case of Communication between the Stomach and External Surface of the Abdomen.—In the last number of the *Edinburgh Monthly Journal of Medical Science*, is a paper by Dr. William Robertson, one of the editors, upon the case of a woman who has a communication between the stomach and external surface of the abdomen. The great similarity between this patient and Dr. Beaumont's, Alexis St. Martin, who was the subject of many experiments in this country, some years since, has induced the Medico-Chirurgical society of Edinburgh to make similar observations and experiments upon her, so far as may seem compatible with her welfare. The committee to whom is entrusted the examination, consists of Drs. Christison, Bennett, MacLagan and Robertson, with Messrs. Syme and Goodsir. We have no doubt that this committee, which consists of gentlemen eminent in medical literature and science, will make many interesting observations in the physiology of digestion, which the modern researches on that subject would seem to render very desirable. This opening into the stomach is attributed by Dr. Robertson to a chronic ulcer in its cavity, which occasioned, "whether by perforation or otherwise, extension of inflammation to a limited portion of its external surface, and consequent adhesion to the abdominal parietes—that thereafter an abscess formed external to the stomach, and discharged its contents into the viscus—that the contents of the stomach, acting upon the walls of the abscess, ultimately caused the ulceration of the integuments."—*Boston Med. and Surg. Journ.*

VAGINAL SPECULUM.—Mr. Haslam of Harvard Place, Boston, is the inventor and manufacturer of an improved vaginal speculum. It is made of glass, and silvered on the outside; the silvering being covered over by gutta percha, makes it, of course, perfectly safe. The inside of the tube is a perfect mirror, and will reflect the light better than a metallic one; besides, there cannot be any danger of corrosion, either by the secretions or the substances used in medication. This speculum has been used by many of our best physicians for a year or two past, and has given the greatest satisfaction. Since the first ones were manufactured, the proprietor has made improvements upon them, in form, size and covering, but can still afford them at prices extremely moderate.—*Boston Med. and Surg. Journ.*

[We know this excellent speculum of old, as Dr. Simpson's of Edinburgh.—*Ed.*]

In the 39th No. of the *American Journal of Medical Sciences*, Prof. Bigelow of Boston has made a complete record of the history of one of the most unparalleled cases in the annals of surgery. It is the case of recovery after the passage of an iron crowbar through the skull, carrying away with it much of the substance of the brain.

This case occurred in the practice of Dr. Harlow of Vermont, in

September 1848, and full details of it and the present healthy condition of the patient are given in the journal above referred to, where the curious or skeptical may satisfy themselves of the authenticity of the report, and of all the circumstances. As portions of the brain to which are allotted different functions, passions, &c., were entirely destroyed, phrenology would teach that these functions would be entirely annihilated. This, however, was not the case, for "the man was still able to walk off, and talked with composure and equanimity of the hole in his head," and has never been, up to this time, other than a rational man, save for a short period at an interval of about a fortnight after the accident.

A New Property of Chloroform.—*Academy of Sciences, Paris, Nov. 11, 1850.*—M. Augend of Constantinople, transmitted a memoir, in which he pointed out a property that places a very distinct line of demarcation between chloroform and ether; this is, its power of disinfecting organic matters. M. Augend related the following experiment:

Take three wide-mouthed flasks, the first containing a few drops of ether, the second a few drops of chloroform, the third left empty. If in each of these a piece of beef be placed, and the flasks be closed and left undisturbed in the summer season, the following circumstances will be observed: The meat, which was of a reddish brown color in its natural state, changed instantly to a vermilion-red in the mixture of chloroform and air, while in the ether vapor no change occurred. At the end of a week the difference was greater still; the meat in the flask containing atmospheric air was but little changed in its aspect; that in chloroform had acquired the appearance of boiled meat. On opening the flasks it was found that the meat, both in the atmospheric air and in the ether vapor, was putrefied, and emitted a most offensive odor; while that in the mixture of chloroform and air had the sweetish taste and odor of chloroform.

M. Augend has ascertained that $\frac{1}{2000}$ th of chloroform completely prevents the putrefaction of fresh meat. The most apparent action of the chloroform is the rapidity with which it traverses the thickest tissues, and causes an immediate contraction of their parenchyma, with consequent exudation of the fluids of the structure experimented upon. The author further dwelt upon the value, in a medico-legal point of view, that chloroform thus possesses in arresting putrefaction.

[*Med. Gaz.*

Medical College Circulars.—Does not the honor of the profession call for a reform in relation to the spirit and tone of these circulars? Read the following from one of the fraternity—the editor of the *Western Lancet*: "We wish to call the attention of our friends, the professors of medical colleges, and also the editors of medical journals, to the style of commendation which has for the last few years crept into the circulars of our medical schools. It is not necessary to al-

lude to the origin of this practice, or to designate one college more than another, for all are more or less implicated in it. It appears to us that the style of these documents might be much improved, and made to conform more to professional propriety than they do at present, with advantage. We see no reason why a body of men, collectively, ought to say that about themselves, that would be improper for any one to say about himself as an individual. Professional etiquette and propriety prohibit puffing and laudatory notices of one's self. Ought it not to be equally binding on an association of medical men? We have thrown out these few thoughts without intending to cast censure, but for reflection; if we are wrong, we do not object to being set right." We may, in a future number, say something on the character and tendency of these annual productions.—[*N. Y. Jour. of Med.*]

Cod-Liver Oil in Phthisis.—M. Duclos thus sums up the results of his experience with this substance: 1. The presence of fever is what we must chiefly attend to, relying more on this remedy when it is absent and less when it is present. 2. The remedy frequently arrests the progress of the disease when only in the first stage. 3. It rarely arrests it when in the second stage, although it may retard it. 4. The third stage is not favorably influenced by the oil. 5. The oil should be administered for a considerable time, and, if a good effect results, it should be suspended awhile, to be again resumed. Thus, it may be given for two months and then suspended for a fortnight, resumed for a month and re-suspended for a fortnight again, so as gradually to reduce the length of the intervals during which it is given. 6. The clear, slightly smelling, nearly tasteless oil, is less efficacious than the brown, thick, strong oil.—*Brit. & For. Med.-Chirurg. Rev.*, Oct. 1850, from *Bulletin de Thérapeutique*, xxxviii.

On the best manner of administering Iodine---Use of Iodide of Starch.

BY DR. QUESNEVILLE.

The interesting memoir lately published by M. Chatin should attract the attention of medical men to the important part that iodine plays in medicine. According to M. Chatin, in fact, iodine is to be found in nearly all soft waters; it exists in plants, in terrestrial animals, in fermented liquors, wine, cider, perry, in milk and in eggs. It forms a part of arable earth, and its presence, in a word, is almost universal in all the aliments used by man.

When iodine is absent from the waters of certain springs and of certain countries, it is remarked in these countries that the inhabitants are more unhealthy and have a peculiar predisposition to scrofula and goitre. The water from wells, always so unwholesome, does not contain nearly as much iodine as soft water, and the water proceeding

from the liquefaction of snow is totally without it. These observations, supported by between five and six hundred analyses, are most important, and should be taken into serious consideration by medical practitioners.

Reflecting on all these facts, we asked ourselves under what form iodine could be administered in medicine; we then remembered that many years ago we recommended the use of soluble iodide of starch to some scrofulous patients, and that the cure had been remarkably prompt.

Combined with a body like starch, so easily assimilated with the other digestive principles, iodine is liberated immediately on its arrival in the stomach, and thus disengaged from its combination.

It then acts as iodine would act were it administered in the pure state and not combined with alkalis or metals which cause the loss of a portion of its virtue.

M. Huette proposes the use of hydriodic ether, which he advises to be inhaled by the patients. This means is without doubt most ingenious, and may render great services in certain exceptional cases.

Whilst trying to reproduce soluble iodide of starch, we remarked that sugar heated for some time with the iodide of starch, precipitated as a paste, combined with it perfectly, and that the syrup which is obtained from it was of a very deep blue color and perfectly transparent; this, then, will enable us to prepare a syrup with the iodide of starch.

Wishing to know in what proportions this syrup of iodide of starch can be prepared, we have made it ourselves, and have obtained the proportions of 12 grammes of iodide of starch to 1 kilogramme of syrup, which represents, according to the composition of iodide of starch, 5 grammes of iodine to each kilogramme, or $\frac{1}{2}$ per cent. When it is wished to give iodine in small doses, to order it for children for example, to susceptible systems, or to stomachs already irritated, nothing can be better than the soluble iodide of starch. It thus replaces successfully the cod-liver and skate-liver oils. In giving large doses of iodine, as the syrup, if taken in too great quantity, becomes disagreeable, it can be replaced by powder of iodide of starch, which can be given like rhubarb, made into pills or simply mixed in water. These powders contain, combined with an excess of starch, 10 per cent. of iodine; they are perfectly washed in boiling alcohol in order to deprive them of all excess of iodine which would be dangerous.

Iodide of starch can be taken in very strong doses without irritating the stomach or intestines; it acts much more readily than the other compounds of iodine, and should be preferred to them in most cases.

[*Revue Scientifique.*]

RE-VACCINATION IN PRUSSIA.—Re-vaccination is systematically practised in Prussia. No child is admitted into a school without proof of vaccination, and every recruit is vaccinated on admission into the army. In the year 1848, 28,859 soldiers were vaccinated; of these, the vaccine disease was regular in 16,882; in 4,404 individuals it was irregularly developed, and in 7,573 it did not take any effect.—*London Medical Gazette.*

Poisoning with Hemlock.

BY DR. BOUCHARDAT.

Cases of poisoning with hemlock are rare. I have lately had occasion to observe an instance at the Hôtel-Dieu. A young woman had, in a moment of desperation, as she said afterwards, swallowed a strong dose of the juice of hemlock, which she had herself prepared, being aware of the poisonous qualities of this plant.

When brought to the hospital, she was unconscious. The only guide I could obtain was this—"This woman has knowingly poisoned herself with a plant, which she gathered in the neighborhood of Meudon."

The eyelids were firmly closed; force was necessary to open them; it was then clearly perceived that the pupils were dilated; respiration, though weak, was performed in a satisfactory manner; the pulse was small and 82. The skin, although not icy, was cold; some slight spasmodic movements were to be remarked in the superior members as well as in the muscles of the face.

I thought that an hysterical attack complicated the effects of the poison. I suspected stramonium, or other poisonous solanum, digitalis or hemlock. In this dubious state, it was certain that the best course would be to cause vomiting, and then, by examining the matters expelled from the stomach, to ascertain the nature of the poison which had been taken. Fearing a decomposition of the emetic, I prescribed a mixture of $1\frac{1}{2}$ gramme of ipecacuanha in powder, and 15 centigrammes of tartar emetic, in three doses, to be administered at thrice with five minutes interval.

The emetic draught acted thoroughly, the patient vomiting several quarts; the liquid thrown up was slightly green; but after these vomitings she seemed to be going on so well, that I thought it better to wait before prescribing anything further. The improvement was so rapid, that by the evening she was nearly well; and the next day she felt no farther inconvenience from it.—*Répertoire de Pharmacie*, August 1850.

On the danger of tying up the Lower Jaw immediately after supposed death.

BY C. J. B. ALDIS, M. D.,

Fellow of the Royal College of Physicians, and Lecturer on Medicine at the Hunterian School.

Various well known practices are resorted to by the public immediately after the supposed death of their relatives or friends, such as placing shillings on the eyelids, a plate containing salt on the abdomen, touching the body, closing the nostrils, and tying up the lower jaw. Some of these peculiarities are harmless enough; but the two latter may be the means of destroying life, either wilfully or through ignorance.

C——, an infant, aged two months, was brought to me at the Lon-

don dispensary, on a Friday, a short time since, by its mother. It became atrophied soon after birth, and continued in that state for two months. The mother having taken away the child, returned with it in a few minutes, told me that it was dead, and asked for a certificate. I examined the neck, and found the lower jaw tied up so tightly, as to prevent its being moved. I immediately set the jaw free, and asked why she had fastened it up so quickly. She replied that a woman at the dispensary seeing the jaw fall, and thinking the child was dead, had done it up. I declined giving a certificate then, but kept the mother in conversation for a minute or two, in order to see if any change took place in the countenance of the child, when the right eyelid began to move, and soon after the infant was restored to its usual state, and did not die until the following Monday.

It is very probable that the child would have been destroyed on the Friday had I left the dispensary before the mother's return; and it is also probable that in another case, with more stamina in the constitution, life might have been preserved for a longer period. It is true that air would gain access to the lungs through the nostrils, though the mouth be firmly closed, but not sufficient to keep a very weakly child long alive, especially when we consider the pressure frequently made against the larynx on binding up the lower jaw, and the effort required to fill the lungs with sufficient air merely through the nostrils. Is it not, then, obvious that the public should wait until a medical man has seen the body, or at least for a few hours after death, without precipitately tying the lower jaw, and incurring the risk of committing murder?—*Lancet*.

Complete Absence of the Anus and Rectum.—M. FORGET lately published in *L'Union Médicale* the case of a child which thirty-six hours after birth had not passed any meconium. In place of the anal orifice, there was an elastic piece of skin which did not yield a sense of fluctuation. M. Forget, though he suspected an absence of the rectum, thrust a small trocar into the pouch, but brought away a few drops of blood only; he continued to search for the rectum with a straight bistoury, but found no such gut, though his knife was fairly in the pelvis. M. Forget proposed to the parents an artificial anus in the iliac fossa, but this was obstinately refused, and *the child sent to nurse into the country*, where it died, amidst horrible suffering, without having passed any motions.

On a post mortem examination the descending colon was found to end in a blind pouch opposite the lumbo-sacral articulation, and from this bag a fibrous cord, representing the rectum, was proceeding through the pelvis to the septum across the anus, holding the same relations to the surrounding parts as the rectum would have done. M. Forget mentions four cases, where both rectum and anus were wanting; they are respectively related by Ruysch, Binninger and Jamieson. The author infers from this case that surgeons should search for the rectum with much caution, when called upon to remedy an anal malformation.—*Lancet*.

[A case somewhat similar to the preceding has been related to us by Dr. Boaz, we believe, of Albemarle county, Va. As well as we remember the description, the rectum was only a small tube resembling an ureter, and terminating in the vagina of the infant. The child died, and we believe a dissection was made. Will Dr. B. be good enough to write out a description of it?—ED.]

On Phosphenic Phenomena.—M. SERRES (of Alais) lately addressed a paper to the Academy of Sciences of Paris, in which he endeavors to shew that the luminous impressions excited in and around the eye by pressure in the neighborhood of the organ, and called phosphen, might be rendered useful in ophthalmology, as a diagnostic sign, in those diseases of the eye where it is of importance to ascertain the state of the retina, and the degree of paralysis which it has suffered. After more than one thousand trials, the author has found that the luminous circle has always been produced when the pressure has been applied on the nasal side of the eye; and when, after several days trial, no annular light is thereby excited within the eye, it may confidently be concluded that the retina is paralyzed, and that any operations performed on the cornea, the iris, or the lens, would have no good results.

Observations on the Emmenagogue Properties of Polygala Senega.

BY CASPAR MORRIS, M. D., OF PHILADELPHIA.

Among the articles contributed to the materia medica by our own country, not one is more important than the polygala senega. However little its virtues may be esteemed abroad, there are few American physicians who do not recognize its importance in the treatment of certain stages of croup and bronchitis. My present object, however, is not to celebrate its praises in affections in which its value is so generally appreciated, but to draw attention to its effects in a class of cases which often baffle the efforts of the physician and cause no little anxiety to the patient—to properties which, though recognized before, have been overlooked or forgotten. It is now more than twenty years since my attention was first directed to the emmenagogue properties of this root. I cannot recall the source from whence the knowledge of its virtues was derived, but am disposed to ascribe it to the teaching of Professor Chapman, as I find on reference to his work on therapeutics, that he speaks of them in very strong terms of commendation, and gives the credit of first drawing the attention of the profession to them to the late Dr. Joseph Hartshorn. At the period to which I refer, I was induced to direct the employment of the senega for an unmarried lady, of about thirty years of age, suffering from sup-

pression of the menstrual discharge of several months duration, combined with a catarrhal affection. So prompt was the restoration of the uterine discharge, that I considered it a mere coincidence, and remarked it as one of those cases of facts which may be misapplied so as to teach error instead of truth. Since then I have had ample opportunity to verify its claims to the credit of the result.

The tendency of its influence to the sexual and urinary organs has often since arrested my attention, in cases of children to whom I have given it for croup, in which I have found difficult micturition follow its use, sometimes to a degree quite inconvenient. Pereira mentions among its physiological effects, "increased secretion of urine and feeling of heat in the urinary passages," and adds, "it appears to excite moderately the vascular system, to promote the secretions (at least those of the kidneys and skin, *uterus* and bronchial membrane) and to exert a specific influence over the nervous system;" he mentions the fact that "it has been used as an emmenagogue in amenorrhœa." In the Dispensatory of Wood and Bache there is a mere casual allusion to its having been recommended in amenorrhœa; while Dr. Eberle refuses credence to the assertion that it possesses any emmenagogue properties. The strong testimony of Dr. Chapman deserves to be disseminated anew, as it may be overlooked among the many modern works on materia medica and pharmacy. I shall therefore furnish it for the benefit of your readers.

He introduces it first on the list of emmenagogues in the following terms:—

"To Dr. Hartshorn of this city, we owe the credit of having discovered the properties of this article as an emmenagogue. Conversing with him some years ago on the difficulty of managing certain forms of amenorrhœa by the common treatment, he told me that he thought he had used it with advantage in these cases. Confiding in the accuracy of his observations, I determined to lose no time in making trial of the medicine. This I have done since, both in my public and private practice, to a considerable extent, and with sufficient success to warrant me in recommending it as one of the most active, certain, and valuable of the emmenagogues. It may be used either in powder or decoction, though I prefer the latter mode. My rule in the administration of the medicine, is, to direct about four ounces of the decoction, more or less, during the day, according to the circumstances of the case. But at the same time when menstrual effort is expected to be made, and till the discharge is actually induced, I increase the dose as far as the stomach will allow, having given sometimes as much as two ounces every hour. In the interval of the menstrual periods, I lay aside the medicine for a week or two, as without these intermissions, if it does not lose its power, it becomes disgusting to the patient."

Dr. Chapman directs the decoction to be made by putting one ounce of the bruised root in a pint of boiling water, in a covered vessel, and reducing it one-third by slowly simmering; and recommends that its nauseating tendency should be averted by the addition of an aromatic bitter. I have not found my patients able to bear so large doses as those indicated by Dr. C., and have been wont to add liquor-

ice root, which disguises the peculiar taste of the senega, and continue the process until it is reduced to one-half. A tablespoonful three times daily of this strength, is generally tolerated without difficulty. My habit is, when I can determine the period at which the natural tendency to the discharge will occur, to give the medicine in these doses for a fortnight before; and then, as Dr. C. advises, I have suspended it until the same period is again approaching. The causes of interruption to the menstrual discharge, being various, it is of course impossible to find any remedy which will meet every case. Where it depends on debility, or accompanies an anemic state of the system, other remedies than senega are more appropriate, or should be conjoined with it. Iron, aloes and myrrh, in combination, form an excellent remedy in such cases. The senega is appropriate to those cases where the suppression has been caused by improper exposure, and to those very frequent instances in which there is but little disturbance of the general health.

Every practitioner in our large cities must have had his attention arrested by the numerous calls for advice on account of obstruction, on the part of newly arrived immigrants; who complain of headach, and miserable general feelings, with swelling of their lower extremities. To what cause we are to ascribe the interruption of the natural functions under such circumstances, it is difficult to say. The same result has been noticed in the cases of young women coming from the country to Paris. It is not, therefore, due to any impression made by the sea atmosphere, but, very probably, is caused in both cases by a less nutritious diet than has been customary and the confinement in a vitiated atmosphere.

In those cases in which hemorrhoids, or an irritable condition of the lower bowels, prohibit the resort to the formulæ into which aloes so generally enter, the senega may be resorted to with benefit, and also, when there is a diseased state of the ovaries or uterus itself. I have not tried it in cases of dysmenorrhœa, with scanty secretion, but believe it will be found a very admirable remedy for these cases, which are so distressing to the habitual sufferer, and vexatious to the physician. I shall certainly take an early opportunity to test its powers, combined with some of the narcotic extracts. Hellebore and hyoscyamus have been the agents on which I have heretofore relied, with a good degree of satisfaction; and the senega appears to me to partake of the same character as the hellebore, without that tendency to purge, which is often displayed by the hellebore when given in full doses. I am aware that some of our best teachers are disposed to deny the existence of a class of remedies having a specific tendency to promote the menstrual flow, and rely on general treatment for the restoration of this function when suspended. This is, perhaps, a natural reaction from the disposition to rely on specific remedies in all cases. Either extreme is unsound. We may not disregard the state of the general health, but must adapt our specific means to meet special indications. I know of no reason to doubt the tendency of certain remedies to produce an action on the uterus in its unimpregnated state which would not lie with equal force against the action of calomel on the liver and salivary glands, or ergot on the same organ at the time of parturition.

Mesmerism.

There are certain things on which there must always be difference of opinion, because they do not come within the range of true science. Some persons, for instance, believe in ghosts, haunted houses, and all such phenomena ; but it by no means follows that they are therefore to be quarrelled with, for we hold that one man's opinion is as good as another's, until proved to be erroneous. Were mesmerism confined to non-professional persons, it would not engage our attention, or be more worthy our notice as promoters of science, than the belief in ghost stories ; and it is only because a few deluded medical men and others have striven to make it appear a valuable department of medical knowledge, that we ever take up the matter at all. Neither is it with any fear of mesmerism proving so popular as to call for a professorship in any of our universities : our sole object is, to remove the disgrace which has necessarily been brought upon our high and noble profession by the manner in which some ardent imaginations have thrust it forward as an important branch of the healing art.

Admitting that all the marvellous stories of its promoters were true, admitting that it were even possible to raise the dead by its means, how could its most zealous advocates prove the adequacy of the means to the result ? What room for science in the matter at all ? There could certainly be the miracle staring them in the face, but there would be no scientific elucidation of the matter. Let not our readers suppose we believe such things. We are taking the mesmerists on their highest ground. During the many years the public ear has been abused with it, they have not given any pathological or physiological proofs. Were any one of our brethren to say of chloroform, or ether, that the effects which followed were owing to spiritual agency, we should at once tell him he had not made himself acquainted with the science he professed ; for it is easy to prove that the consequences produced by chloroform are dependent upon the physical action of chloroform itself. Mesmerism admits of no such proofs. But if men honestly come forward and say that there is something in it which they cannot explain, they are welcome to their belief in it, as freely as to their belief in any other nursery tale. But we reiterate our protest against mixing up the subject with the medical art, and we will never rest until it has been exterminated from a profession which ought to be devoting itself to higher and nobler aims.

As we have before stated, we are not finding fault with any man for his peculiar notions ; but among other things on which we have set our hearts, is the crushing of quackery in each and all its detestable forms ; and quackery is not confined to advertising specifics for incurable maladies. Legerdemain, under the disguise of the words animal magnetism, is the vilest quackery of all. If, as some of our correspondents affirm, the power exercised be spiritual, then, for heaven's sake ! let us leave it for those whose peculiar province it is to deal with such. If, on the other hand, it can be proved to depend upon a magnetic fluid, we shall be happy to give the subject our best con-

sideration. Our only surprise is, that this wonderful fluid is not to be had long before this, at the patent medicine venders, in little bottles 1s. 1½d. each, for we are persuaded this is all that is needed to crown the delusion. Again: if its advocates only pretend to state that certain results follow certain manipulations, they state nothing more than has been affirmed from time immemorial; but what in the name of common sense has this to do with animal magnetism, or how does it prove that there is such an extraordinary fluid in any animal? We wish our readers distinctly to understand that we are not attacking individuals in their private capacities; we are composing a comparatively small number of medical men, in their character as members of a body politic, upon which they have brought dishonor. We, as private individuals, may have many opinions peculiarly our own, not only on the subject of mesmerism, but on insanity, catalepsy, &c., all of which might be strongly expressed were our journal a miscellaneous one; but to devote its columns to such purposes would be to render ourselves guilty of the very thing we condemn. As journalists we treat of facts and reasonings in science and literature; all without the range of these we consider quackery, and mesmerism pre-eminently so.—*London Institute.*

Medical Organization.

We were struck, on reading the recent address of the king of Prussia to the Prussian chambers, with the circumstance that the policy and organization of the medical profession was referred to as one of the great questions of national welfare to be discussed by the two chambers of representatives. The king's words were—"the draught of a law regulating the practice of medicine will shortly be laid before you."

Without question, this is taking a right view of the national importance of medical affairs. But when shall we hear any reference to such vulgar matters as physic and surgery from the lips of our sovereign, on meeting her two houses of parliament? When will the lords and commons of England be recommended to take the state of medical legislation in this country into their serious deliberation? We would commend these questions, and the considerations to which they give rise, to the reflections of those in authority. In Prussia, at a time of unparalleled warlike agitation, questions of medical government are still thought worthy of even royal notice. And it is not the Prussian medical code which is affected by any of the monstrous wrongs and inconsistencies which are rife in our own professional regulations.

We do not hesitate to declare that the present laws relating to medicine in this country are a national disgrace. England has now been blessed with thirty-five years of uninterrupted peace, yet the medical profession, essentially a profession which might be expected to flourish in such an epoch, is at the present time in a state of injudicious anarchy. Practically speaking, all the laws relating to medicine are suspended. Thousands of mercenary and uneducated pretenders live

by preying upon the health of the community. Murder by the quack is the only kind of murder tolerated and excused by the forms and principles of our courts of law, as now reduced to practice. Great Britain in 1850, is the only civilized country under the sun in which the government at once takes a revenue from quack medicines, and permits the most ignorant knave to prostitute medicine for purposes of gain, and with murderous results, without let or hindrance, [save some of the United States—*Ed.*] Such a state of things would be a disgrace to a semi-barbarous country. The millions ruled by the knout are protected from such a state of things. The rights of life and health are the only rights not protected in this country. Let any pretender attempt to enter a pulpit, and he would be removed by the police without much ceremony. Let any man appear in our courts of law as a solicitor or barrister without a just qualification, and he goes straight to prison as a reward for the intrusion. But any fool or vagabond may take the place of the regular practitioner at the bedside of the dying, and administer the most hazardous medicines in perfect ignorance, and with perfect impunity. The false maxim of our laws, as at present interpreted, is, that he is no more a criminal than a Chambers or a Brodie when death ensues. Conscience and property are abundantly protected; life, human life, is the only thing not worth caring for, in its grosser violations, by the state!

Against cholera, which has visited us twice in this century, the whole kingdom was in agitation; but against quackery, a greater destroyer, and always with us, government have palsied limbs and tongues, and the laws are really dead. Immense preparations are made, and very properly to prevent disease, but none to defend its victim from the ignorant and empiric. Sewers may not emit their odors, nor chimneys their smoke, on account of the public health, but Coffinites, Morrisonians, and all the genus of quacks, may pursue their pestilent steps unmolested and unpunished.

How long are these things to continue? Surely some virtuous minister will arise, who will not think the concerns of the health of our population, and the defence of the sick, unworthy of his care. Something more than a civil reception of deputations, and smooth answers to addresses, are necessary before this great question can be settled. Its adjustment would make the fame of any minister, and entitle him to the gratitude of this and succeeding generations. It cannot be said that the profession of medicine is unworthy of such a boon, as the restriction of medical practice to properly qualified persons would prove. The calls upon us in the public service, and in the vast machinery of charitable ministration of the profession to the sick, should alone entitle us to such reform of the laws relating to medicine. More than this, the rights of the lives of the sick poor to legal defence demand it. Glad indeed shall we be if, at the next meeting of the British parliament, our sovereign should echo the words of the king of Prussia, and tell her assembled lords and commons, "the draught of a law regulating the practice of medicine will shortly be laid before you."—*Lancet.*

Missouri State Society.

A medical convention has recently been held at St. Louis, which was largely attended, and the business of which was conducted in the right spirit. It resulted in the formation of a state society, the election of officers, appointment of permanent committees on various topics. We observe that, on motion, all the members of the schools were excused from the committee on medical education. Whether this was prompted by the innate modesty of the excused, or significantly done by the excusers does not appear.

We observe that by the law of Missouri, "every person or co-partnership of persons in the state, who shall follow the practice of medicine for a livelihood, in whole or in part, is declared a physician."

The repeal of this enactment will forthwith be sought, on the ground that "such interference of the legislature, in pronouncing upon the qualifications of physicians is uncalled for, and unjust to the medical profession who are supposed to be the best judges of its own fellows and of their abilities." There is cause to apprehend, however, that no success will attend the effort; for in these degenerate days, legislators are wont to go for the "largest liberty," and run into latitudinarianism in their horror of monopolies. Their law is no worse than ours in New York.—*N. Y. Med. Gazette.*

A Portion of a Gall-bladder discharged externally.—Miss T——, aged forty-eight, has had a very severe cough and purulent expectoration, attended with signs of a cavity in the left lung, and other symptoms of phthisis, for more than twenty years. About eight years ago she had an attack of vomiting and diarrhoea, with faintness, when a tumor was discovered on the right side of the abdomen, but apparently unconnected with the liver. As it increased in size, the tumor passed more into the centre of the abdomen, leaving a marked sulcus between it and the edge of the liver. For twelve months it had descended toward the right iliac region, where it pointed, and burst in April last, a little lower than the edge of the transversalis muscle, and midway between the spine of the ilium and the pubes. The discharge at first was very offensive, consisting of pus, followed in a few days by numbers of hydatids, of various sizes, from that of a pea to that of a turkey's egg, and some very minute ones, in clusters, with pedicles like a bunch of grapes, and striated externally. In about five weeks the hydatids were all expelled, and the pus became healthy and less offensive. The opening continued to discharge till the 11th of August, when she had another bilious attack, and the discharge ceased; the abdomen became tense and tender over the right side; occasional rigors took place; and on the 15th the orifice re-opened, discharging pure bile. This continued to flow, to the amount of about a pint a day, till the 24th, when a slough came away, which, on examination, proved to be a portion of the gall-bladder, having small calcareous plates imbedded in it, similar to some that had passed occasionally

from the wound. The bile has continued to pass in greater or less quantity, almost uninterruptedly, to the present time. There is now about a drachm passed in twenty-four hours. The patient's health has varied considerably, as she is sometimes able to go about the house, and again has been reduced so low as to not be able to sit up in bed without support.—*Lancet*.


A Piece of Bone and Teeth, which were dissected from between two layers of Membrane forming the walls of an Ovarian Cyst, taken from a Girl after Death.—Fliza F——, aged twenty-two, single, was admitted at the Stoke Newington Dispensary, under Dr. Duesbury, August 9th, 1850, with dropsical swellings, distending so uniformly the abdominal parietes, that it was difficult to diagnose whether it was ovarian disease or ascites. She complained of weakness and inconvenience from the weight and size of the body. She stated that she had been ailing for three years and upwards, during which period she had suffered much from pain in the left side of the abdomen, but had not perceived her body enlarging more than two years; that it had increased much more rapidly of late. She attended at the dispensary, and slightly improved in health under tonics and diuretics, until a fortnight previous to her death, when she was attacked with peritonitis, and died on the 7th October. Mr. Price attended her for a considerable period for what he considered to be an ovarian tumor; and four months previous to her being admitted a patient at the dispensary, (in consequence of the lady with whom she lived as servant having suspicions of her being pregnant,) he sent her to Dr. Lee, who pronounced the uterus to be unimpregnated, and confirmed the previous diagnosis as to the existence of an ovarian tumor. On opening the abdomen, the left ovary was found to have been converted into a cyst, occupying the greater portion of that cavity, the viscera of which were pressing in every direction. A few recently deposited threads of lymph extended from its anterior surface to the peritonæum, lining the abdominal parietes; otherwise it was perfectly detached, except by its peduncle, which was not larger than the little finger, and consisted merely of the obliterated Fallopian tube, enlarged vessels and peritonæum. The cyst, together with the uterus and appendages were removed; and on opening the cyst, from three to four gallons of a cream-colored fluid escaped, suspended in which were numerous flakes of fatty matter; it also contained a conglomerate mass as large as the foetal head at six months, consisting of hair, (from four to five inches long,) and this fatty substance matted together, besides many smaller pieces of the same substance. The cyst was divided by transverse bands, and also into pouches or smaller cysts, opening into the common cavity; adhering to the walls in places were considerable quantities of the fatty matter, and attached hair, similar to that in the mass; and between two layers of the membrane, forming the walls of the cyst on the left side, was the specimen produced. The teeth are in every respect perfect, with their fangs inserted into the processes of the bone, resem-

bling the alveolar processes of the jaws. The right ovary was rather larger than usual, congested, and contained several small cysts, the size of a pea, filled with fatty matter. The uterus presented the appearance in all respects of that of a virgin, and healthy, with the exception of slight congestion, which might be merely post-mortem. Dr. Baillie mentions similar fatty matter, hair, bone, and the rudiments of teeth, (but without fangs,) having been found in ovarian tumors, and under circumstances leaving little doubt that they had been formed independently of impregnation. One case occurred in his own practice. In another, published in the *Philosophical Transactions*, this change was found in the ovary of a child, whose age did not exceed twelve or thirteen years, with the hymen perfect, the uterus not increased in bulk, as is usual at puberty, together with the other signs of puberty wanting. From the fact of the uterus being totally devoid of all those changes that follow impregnation, whether the foetus be developed within its cavity, or, as in extra-uterine foetation, within the ovarian or Fallopian tube, from the respectability of the girl's parents, together with the good character she herself had borne, and her anxious desire that her body should be opened, for the satisfaction of her friends, in consequence of the suspicion her appearance had excited, Mr. Denny was induced to believe that in this case there had been no impregnation. The consideration of this case suggests whether an ovum which the stimulus of the catamenial period caused to burst from the Graafian vesicles, and which was prevented from passing off with the menstrual discharge by the impermeability of the Fallopian tube, might not become adherent to the lining membrane of the ovary or Fallopian tube, and thus obtain nourishment, setting in action a power which may be inherent in it, of developing the structures of the body, but in an incoherent manner, without the power to regulate the formation, or to produce a circulating system or nervous centre, necessary to the perfect development and independent life of the foetus; the latter power may emanate from the male, exerting an influence in some way analogous to the electric influence exerted in crystallization, of attracting and arranging the particles, so as to give a definite form, and thus to characterize the individuality of a salt.—The statistical information furnished by the record of these cases, especially with evidence of existing virginity, may, by affording data for physiologists, enable them at some future period to throw light upon the functions of the ovary, and upon the elements supplied towards the formation, and the power exercised over the development of the foetus by the sexes individually, and may also prove of practical importance in removing the odium which a supposition of the necessity of impregnation in such cases as the above might cast upon the fair fame of the patient.—*It.*

Etiology of Tuberculization.—A Mons. Wanner has written an essay attributing the production of tubercle to the presence of lime in the soil of the district in which the patients reside. He brings some curious facts to bear in favor of his theory.

ITEMS.

The distinguished professor of obstetrics in the University of Edinburgh, Dr. John Y. Simpson, has been lately elected president of the Royal College of Physicians.—The St. Louis “Probe” has died of anæmia.—Dr. James M. Austin, late of Virginia, has been appointed professor of materia medica and therapeutics in the medical department of Georgetown College.—Queen Victoria is a FELLOW of several of the British learned societies!—The American Dental society have repealed their law prohibiting its members from using any other foil than pure gold for plugging teeth.—Royer Collard, prof. of hygiene, &c., lately died in Paris, age 47.—The British government is about to erect a bronze statue on a monument to JENNER.—Suits against doctors and apothecaries for mal-practice are reported in almost every newspaper.—The number of matriculates at the University of Virginia for the present session is 381, of which 271 are from Virginia. The class of medicine numbers 93, that of physiology and surgery 96, anatomy 97, and chemistry 180.—Dr. Rush was, perhaps, one of the most untiring students that ever lived. Two young physicians were conversing in his presence once, and one of them said—“When I finished my studies”——“When you finished your studies!” said the doctor abruptly; “why you must be a happy man to have finished so young. I do not expect to finish mine while I live.”


 At the request of many subscribers in the country, we publish below the Fee-bill of the Richmond profession. Like all other things, every item of it cannot meet with unanimous approval, but, as a whole, it has as few defects probably as any other which we have examined. He who cannot be regulated by this one, will not be bound by any instrument of the kind.

TARIFF OF FEES

Adopted by the Medical Profession for Richmond City.

Medical.

- | | |
|--|---------|
| 1. For each visit in the city during the day, | \$ 1 |
| 2. Do. do. when detained, for each hour after the first, - - - - - | 3 |
| 3. For single visits and advice in a case in which no further visits are required, - - - - - | 2 to 10 |

 This is not intended to apply to those cases in which the physician is considered the regular medical attendant.

4. Each day visit at an hour appointed by patient or his friends, - - - -	2 to	5
5. Prescription or advice anywhere, - - - -	1	
6. Visit in the city between 10 o'clock P. M. and sunrise, - - - -	5	
7. Visit without the corporation, but not more than half a mile, - - - -	1	
8. Visit beyond that distance \$2; for every mile thereafter to ten miles, - - - -	1	
9. Visit to the country after 10 o'clock P. M., with above mentioned mileage, - - - -	5	
10. Ordinary consultations, - - - -	5	
11. Consultations during prescribed hours of night, visits included, - - - -	10	
12. Detention with patients all night, - - - -	10 to	20
13. Do. at patient's house for days, per diem, - -	20 to	100
14. In cases of several patients at same house, charge visit to one, and prescription or advice to each other, at - - - -	1	
15. For written advice or opinion, - - - -	5 to	20
16. For oral opinion of health or disease, - - - -	2 to	10
17. For stethoscopic examination, - - - -	5 to	20
18. Opinion involving a question of law, - - - -	10 to	50
19. Post mortem examination in cases of legal investigation, - - - -	25 to	50
20. Post mortem made at request of family or friends, - - - -	5 to	15

Obstetrical.

21. Attendance on simple natural cases of labor, and attention for eight days after delivery, provided no serious ailment occurs to mother or infant, (in which case visits are to be charged,) - -	20	
22. Attendance on complicated, protracted or instrumental labors, including visits for eight days, - - - -	30 to	100
23. Attendance on cases of abortion, exclusive of visits and other services, - - - -	10	
24. Delivery of placenta, - - - -	10 to	20

Surgical.

25. For bleeding, exclusive of visit or advice, - -	1	
26. For bleeding in jugular vein or arteriotomy, - -	2 to	5
27. Cupping, - - - -	2 to	5
28. Introduction of seton or forming issue, - - - -	5	
29. For pumping stomach, - - - -	5 to	20
30. Dressing recent wounds, - - - -	5	
31. Each subsequent dressing, - - - -	1	
32. Opening abscess or exploring tumor, - - - -	1 to	5

33. Vaccination of one white person \$ 3; of two at same time \$ 5; for each one thereafter in same family at same time,	-	-	-	1	
34. Vaccination of single slave \$2; each one thereafter, &c. as above,	-	-	-	1	
35. Re-vaccination, white or black,	-	-	-	1	
36. Extracting teeth, each,	-	-	-	1	
37. Lancing gums,	-	-	-	1	to 5
38. Plugging posterior nares,	-	-	-	5	
39. Application of truss,	-	-	-	5	to 15
40. Reduction of prolapsus ani,	-	-	-	5	to 40
41. Examination per vaginam or per anum,	-	-	-	5	to 15
42. Introduction of pessary,	-	-	-	5	to 10
43. Introduction of speculum vaginæ, first time \$5, each subsequent time,	-	-	-	2	to 5
44. Introduction of bougie to explore urethra,	-	-	-	5	to 50
45. Cauterization of urethra,	-	-	-	10	to 50
46. Operation of sounding the bladder,	-	-	-	5	to 50
47. Introduction of catheter into bladder first time,	-	-	-	5	
48. " " each subsequent time,	-	-	-	1	
49. Treating stricture of urethra,	-	-	-	20	to 150
50. Treating syphilis,	-	-	-	20	to 200
51. Treating gonorrhœa,	-	-	-	15	to 50
52. Operation for phymosis or paraphymosis,	-	-	-	5	to 20
53. Palliative operation for hydrocele,	-	-	-	5	to 10
54. Radical cure of " "	-	-	-	20	to 50
55. Operation for hypospadias or irregular opening of the urethra,	-	-	-	15	to 50
56. Operation for fistula in ano, or in perineo,	-	-	-	20	to 150
57. " for hæmorrhoids,	-	-	-	20	to 100
58. " for imperforate anus or vagina,	-	-	-	10	to 100
59. Reduction of hernia by taxis,	-	-	-	5	to 50
60. Operation for strangulated hernia,	-	-	-	50	to 200
61. " for recto-vaginal, or vesico-vaginal fistula,	-	-	-	50	to 200
62. Stone in the bladder,	-	-	-	50	to 500
63. Extraction of calculus from urethra,	-	-	-	10	to 20
64. Puncture of bladder,	-	-	-	20	to 50
65. Paracentesis abdominis \$10, each subsequent time,	-	-	-	5	
66. Paracentesis thoracis,	-	-	-	20	to 50
67. Cæsarian section,	-	-	-	100	to 500
68. Extirpation of uvula,	-	-	-	5	to 15
69. " of tonsils,	-	-	-	10	to 50
70. " of mamma,	-	-	-	20	to 100
71. " of diseased ovary,	-	-	-	50	to 250
72. " of testicle,	-	-	-	50	to 100
73. " of tumors,	-	-	-	10	to 200
74. " of polypus uteri,	-	-	-	20	to 100
75. " of " nasi,	-	-	-	10	to 50
76. " of eye,	-	-	-	100	

77. Operation for cataract,	-	-	50 to 200
78. " for artificial pupil,	-	-	50 to 200
79. Other operations on the eye and its appendages,			5 to 50
80. Amputation of superior or inferior extremities, including dressing and attendance,	-		40 to 100
81. Amputation of the finger, thumb or toe, &c.,	-		10 to 30
82. " of penis,	-	-	20 to 50
83. Evulsion of nail on finger or toe,	-	-	5 to 30
84. Application of trephine,	-	-	50 to 100
85. Exsection of diseased bone,	-	-	20 to 100
86. Removal of upper or lower jaw or portions,	-		15 to 200
87. Exsection of diseased joints,	-	-	10 to 100
88. Operation for artificial joints,	-	-	20 to 100
89. Reduction of luxations of greater joints,	-		20 to 100
90. " of " of lesser joints,	-		10 to 20
91. " fracture and first dressing,	-		5 to 30
92. Treating fractures, including dressing and attendance,	-	-	20 to 100
93. Treating fractures of cranium, with or without trepanning,	-	-	10 to 150
94. Operation for aneurism,	-	-	20 to 180
95. " for harelip,	-	-	20 to 50
96. " for ranula,	-	-	5
97. Division of frænum of tongue or penis,	-		2 to 5
98. Operation for club foot,	-	-	20 to 100
99. Operation of myotomy or tenotomy,	-	-	10 to 100
100. Plastic operations,	-	-	10 to 100
101. Extracting foreign bodies from pharynx or œsophagus,	-	-	5 to 50
102. Laryngotomy or tracheotomy,	-	-	20 to 50

The above fee bill, founded on a just consideration of the important services which physicians are called upon to perform, is intended to enable the practitioners of Richmond to exhibit uniformity in their rates of charging, and it is expected that every member of the profession will, in good faith, conform to it in his charges, whenever the pecuniary circumstances of the patient are not such as clearly to forbid it.

It is considered obligatory upon physicians to collect their bills at least once a year, whenever this can be done without serious inconvenience to the patient.

We will not attend either individuals or a collection of persons by the year, at any stipulated price or under any circumstances.

In case any one should transgress these rules, he shall be considered beyond the pale of the profession, and all consultations withheld. We will refuse to hold medical communion with those who may themselves consult with such persons knowingly.

RICHMOND, May 1850.

THE



AND

VIRGINIA MEDICAL GAZETTE.

No. 4.]

RICHMOND, APRIL 1851.

[Vol. I.]

Report of the Committee of the Medical Society of Virginia, *On the Utility and Safety of Anæsthetic Agents.*

[Read at the March Meeting.]

The committee, appointed by the Medical Society of Virginia to enquire into the experience of the medical profession of the city of Richmond, in regard to the utility and safety of anæsthetic agents, respectfully report:

That we have entered upon our duties deeply sensible of the responsibility which devolves upon us. We have undertaken to collect the facts fully, to analyze them carefully, to classify them correctly, and to interpret their meaning faithfully, uninfluenced by a prejudiced hostility to, or an enthusiastic admiration of, the agents in question. We believe that we have performed these duties honestly, and we present herewith the data on which this report is based, viz: the separate reports of the physicians of this city who have used anæsthetic agents in their own practice, and who have witnessed their use abroad. In addition to this source of information, we have, in accordance with the spirit of the resolution under which we were appointed, collected materials from those gentlemen who confine their practice to a branch of minor surgery, viz: the dentists of our city. They have politely and promptly responded to our application.

We believe that this report, if adopted by the society, will have considerable influence upon the mind of the medical profession of the state and of the community at large. All are interested in its accuracy; for there is no one who may not at some time have occasion to decide upon the propriety of inducing anæsthesia in his own person.

It is not surprising that one who witnesses the anæsthetic state for the first time should feel considerable apprehension about the ultimate result. To see a strong man reduced in a few minutes to a state of utter helplessness, the most powerful intellect annihilated, the acutest senses abolished, and every evidence of life become extinct, except the breathing and the pulse, and even these rendered slower and weaker, is well calculated to alarm the inexperienced. It resembles

too nearly the condition of one suffering under fatal disease or injury of the brain, to be viewed for the first time with indifference. He may well ask, is it not rash presumption to lead a human being so close to the portals of death? What, if we should loose the bond of life, and we should witness those dark portals inclosing him in their awful embrace forever!

But we would reply to such an one—Have you never tapped one of the heart's tubes, and drained the vital current until even a more alarming condition was produced? Have you never seen from this cause the countenance blanched, and the eye become vacant, and the limbs tremble, and the stoutest man reel and fall senseless as a corpse, the heart become still, and the chest cease to heave, and not a breath or motion occur to give evidence that life is not extinct? Alarming as is the appearance of syncope produced by blood-letting, we do not hesitate to induce this state, not only in the treatment of those diseases whose fatal course requires them to be promptly and boldly arrested, but even when a dislocated limb is to be replaced, or an inflamed eye is to be relieved. This latter condition has ceased to alarm us, because we have become familiar with it. The former is one with which a large number of the medical profession have had no experience whatever, and still more regard with a feeling of undefined dread.

Every contribution to the fund of knowledge on this subject is therefore a valuable acquisition to the science of medicine, and promotes its noble practical design of alleviating human suffering.

We have been furnished with the results of observations on thirteen hundred and eighty-four cases of anæsthesia, occurring in the practice of physicians and dentists in our city. Nearly all the parties concerned being residents, we have the best opportunity of judging of the accuracy of these reports. The following table exhibits the principal facts which could be readily arranged in a tabular form, and the remainder will be stated in a more full and detailed manner:

AGENTS USED.	Quantity.	Number of cases.	Males.	Females.	Ages.	Period of inhalation.	Duration of anæsthesia.
<i>Physicians' Reports.</i>							
Chloroform, -	gtt 5— $\frac{3}{4}$ iv.	291	215	149	15 months to 80 years.	Less than 1 minute to an hour.	1 minute to several hours.
Ether, -	$\frac{3}{4}$ ss.— $\frac{3}{4}$ i.	99					
Ether and chloroform, -	$\frac{3}{4}$ ii.	10					
		400					
<i>Dentists' Reports.</i>							
Chloroform, -	gtt. 10— $\frac{3}{4}$ iss.	428	674	674	4 to 50 years.	10 seconds to 1 hour.	30 sec. to $\frac{1}{2}$ hour.
Ether, -	$\frac{3}{4}$ ss.— $\frac{3}{4}$ iv.	556					
-	-	984					
-	-	400					
Total, -	-	1384	889	823			

Besides these cases, we have been informed of several others which have not been reported.

The following observations require to be presented in a more detailed manner.

Time required to induce anæsthesia.—Variations were produced by several causes, viz: Age, sex, idiosyncrasy, and design with which the agent was administered.

Age.—Children were much more susceptible than adults. For example, a child four years old was brought into a profound state of anæsthesia in less than one minute, while the average time required to induce a similar condition in adults was about eight minutes.

Old and infirm persons yielded more readily than the middle-aged and the robust.

Sex.—As a general rule, females were more susceptible than males: the difference, however, was not very striking.

Physical condition.—Intemperate persons offered the greatest resistance. A case of this kind is reported to have required an hour to produce anæsthesia. In one instance, it was administered to a patient habituated to the use of opium, for the purpose of relieving severe attacks of neuralgia. In this case, inhalation was continued an hour before complete anæsthesia was produced; but it should be borne in mind that the patient was then suffering from a severe attack of the disease.

Design of administration.—When this was simply the extraction of a tooth, a sufficient state of insensibility was generally produced in from 2 to 5 minutes; when a more profound state was required, the time averaged about 8 minutes, and it was not unfrequently extended to 15 or 20 minutes.

Mode of administration.—If a large quantity were poured upon a handkerchief or other inhaler, and applied close to the face, the effect was more sudden.

Duration of anæsthesia.—This has varied, from causes similar to those which affected the readiness with which patients were brought under the influence of the agent, and the period during which this influence was maintained. If the inhalation were continued a short time, and consequently a small amount of the agent used, the effects were evanescent. If it were prolonged, with the use of a larger amount, they were more persistent. If the design was the extraction of a tooth, for instance, the patient frequently recovered so rapidly as scarcely to afford time for the operation to be completed, and the shock of the operation appeared to assist in thoroughly arousing the patient.

Frequently, a prolonged state of anæsthesia was desired for cases of midwifery or surgical operations. In these cases, it was usually necessary to repeat the inhalation several times, whenever the patient appeared to be returning to a state of consciousness. In this mode anæsthesia was maintained several times for more than an hour, and in one instance between two and three hours.

Young children, who yielded in half a minute or a minute, continued in a state of anæsthesia about five minutes.

Adults, who required about 10 or 15 minutes, were thoroughly roused in from 10 to 20 minutes.

To these definite causes, we may add some obscure idiosyncrasy, by which the time was greatly shortened or prolonged. This, however, forms no greater objection to their use, than to that of other active remedies, whose effects we are obliged continually to watch cautiously on this account.

In a few cases, the effort to produce anæsthesia was so tedious, that it was abandoned as impracticable. This occurred more frequently in the use of ether than in that of chloroform. When the latter agent failed, it was usually in cases of intemperate persons, or else the operator had not sufficient confidence to proceed with boldness. Probably to the latter cause all, or nearly all, cases of failure are to be attributed.

Quantity administered.—This also was varied by causes similar to those already named, and the agent employed. About 30 drops of *chloroform* were administered in about a minute, and one drachm in about 5 minutes. This would make an average of about one drop to two seconds, counting 120 drops to the drachm. Of course, the mode of inhalation and the temperature would greatly affect this estimate.

If it were simply necessary to induce anæsthesia, the average quantity was about a drachm. In several instances, as much as one ounce was administered. In others, one ounce and a half. One case occurred in the practice of one of our most accurate physicians, in which from $3\frac{1}{2}$ to 4 ounces were required to produce anæsthesia.

Ether.—A much larger quantity of this agent than of chloroform was required. The average quantity was from ʒss. to ʒj. As large a quantity as ʒiv. was administered, and in one instance three gills were used in three days.

Effects during administration.—At the commencement, there was usually considerable increase of the force and frequency of the pulse. Often the respiration was impeded, and the patient had to be urged to make full inspirations. Sometimes there was coughing and a sense of suffocation, especially if the administration were carried on too rapidly, or there were an insufficient supply of air. In about a minute, the patient complained of noises in the head, as of a multitude of wheels or hammers in motion. In two or three minutes, the face became slightly flushed, and the veins of the temple became turgid. Occasionally, at this period, the patient was very talkative, or burst into immoderate fits of laughter or crying. He usually answered when spoken to, and obeyed directions. Occasionally, spasm of the limbs occurred, which soon passed off as the anæsthesia became more profound. Sometimes there was considerable resistance, the patient struggling violently to make his escape, and refusing to take any more inhalations; but he was usually soon subdued by the persevering applications of the anæsthetic vapor. The pulse fell considerably; the respiration became slower; the muscles were perfectly relaxed, and all the functions, save those of mere organic life, were suspended. The subject was in a state of mere vegetable existence. The senses no longer gave intimation to the spiritual being within, of what was

occurring to its material tenement or around it. Its nervous tentacula, so exquisitely sensitive to impressions from the external world, were utterly paralyzed. It was as if dead, and its own body was the sarcophagus which encased it.

A few instances occurred, however, in which prolonged administration failed to deprive the nerves of all irritability. Although there was a state of perfect composure, and a very depressed state of the pulse—so much so that it was deemed imprudent to push the impression further—yet, whenever any attempt was made to operate, the patient became restless, and sometimes complained of pain. But even in these cases, when the patient was fully roused, he had either no recollection, or a very faint one, of anything which transpired during this imperfect state of anæsthesia.

If we take a physiological view of these various grades of insensibility, we may arrange them under the following heads:

1st. Incomplete anæsthesia, in which the nerves of ordinary sensation and motion are obtunded, while those of reflex action and the sympathetic retain their functions. The other senses are preserved: the mental powers are confused.

2d. Complete anæsthesia, in which the cerebo-spinal system, except the medulla oblongata, is paralyzed. The sympathetic continues to retain its functions.

We now proceed to consider these effects more in detail.

The *pulse* is usually much excited at first, running in one instance, in which it was carefully noted, from ninety up to one hundred and fifty in the space of two or three minutes, and after the same interval sinking to ninety again. One of the most reliable signs of complete anæsthesia was, sinking of the pulse in regard to force and frequency. Sometimes it was very small and weak.

The *eye* was soon closed, and on raising the lid before the anæsthesia was complete, the pupil was observed to be enlarged. This was owing to its being protected from light by the lids; for when the light was admitted the pupil immediately contracted. In this state, the pupil was rolled up under the upper lid; but when the second state was induced, the eye was fixed with its axis directed forward. The pupils were contracted, and perfectly insensible. The lids no longer closed spasmodically when opened. There was usually some congestion of the conjunctiva.

The *hearing* was remarkably retained in the first state, the patient often answering questions and obeying requests, of which he had no recollection afterwards.

Stomach and bowels.—Nausea and vomiting usually occurred if the stomach were full, but as soon as it was emptied anæsthesia was readily induced. In one instance, inhalation was frequently repeated during two or three hours, and it always produced distressing nausea and vomiting, just as anæsthesia was about to become complete. The best remedy was crushed ice taken into the stomach.

The sphincters of the bowels have been observed, though rarely, to become relaxed. In one case, that of a boy, the bowels were evacuated involuntarily. In the case of an old man of 80, there was an es-

cape of flatus. It was not unusual to hear the rumbling of flatus without its escaping.

Bladder.—In two instances it discharged its contents involuntarily. The first case was that of a child incompletely anæsthetized by ether. The second was that of an old drunkard, who required an hour's inhalation to produce complete anæsthesia.

Respiratory organs.—If the vapor were suddenly applied close to the mouth and nose, it was apt to produce coughing and a sense of suffocation, which were immediately relieved by removing the source of irritation, and gradually approximating it again. The patient was apt to restrain the action of the respiratory muscles, and required to be urged to take full inspirations. When complete anæsthesia commenced, the respiration frequently became quite full and strong; afterwards it was chiefly abdominal.

Stertorous respiration was occasionally observed when anæsthesia became profound. This was alarming to the inexperienced, but was never followed by injurious consequences. It was one of the most certain signs of complete anæsthesia.

Blowing respiration was once observed in the case of a feeble old man, anæsthetized by ether.

Muscular system.—In the first state there were, not infrequently, irregular spasmodic contractions; sometimes strong convulsions: as the second stage ensued, these ceased, and the muscles became perfectly relaxed.

Uterus.—When anæsthesia was profound, the contractions of the uterus were impeded during delivery at the full term. In case of abortion, they were entirely suspended. When anæsthesia was moderate, they were as vigorous as usual.

The *salivary glands* and mucous lining of the mouth and fauces were occasionally considerably excited, causing the patient to spit frequently.

Skin.—When inhalation was prolonged, the cutaneous surface was not infrequently bathed in a copious perspiration.

If the wetted sponge or handkerchief were allowed to touch the face, it produced a burning sensation and an erythematous blush. This effect was quite painful, if it came in contact with the vermilion border of the lips.

Comparative effects on children and adults.—Children were much more rapidly anæsthetized, and by a much smaller quantity than adults were. In other respects the effects were similar. Except in one instance, where an over dose of chloroform was accidentally administered, and another in which involuntary discharge of urine occurred during a partial administration of ether, the unpleasant effects observed in adults were not observed in children.

Comparative effects on males and females.—The latter were generally more susceptible than the former. To this rule there was one exception, in the case of a negro woman, who, on two different occasions, required from $3\frac{1}{2}$ ounces to 4 ounces of chloroform. Hysteric convulsions were peculiar to females.

Subsequent effects and their treatment.—A condition similar to the

first state of anæsthesia succeeded to the second or profound condition, the functions being gradually restored. In other words, the effects passed off in the inverted order of their occurrence. In very many cases, the patient awaked as from a pleasant dream, delighted with the agreeable sensations he had experienced.

Nervous system.—Drowsiness was the most common consequence, especially when the inhalation had been prolonged. The best practice was to allow the patient to yield to this feeling and sleep off the effects. If it were desirable to dispel it, this was best effected by dashing cold water in the face, a draught of cool air, and moving about. It was remarkable, that sensibility to pain was not recovered immediately with consciousness. In one instance, the patient conversed about the operation which had just been completed, occasionally looking at the part, during the space of ten minutes before he began to complain of pain. This accords with our remarks on the order of the subsidence of the effects.

Hysteric convulsions occasionally occurred in young females. Sometimes there was high nervous excitement, with excessive talkativeness, lasting from an hour or two to twenty-four or thirty-six hours. Quietness, sponging the face with cold water, and ice to the head were sufficient treatment. Sleep was produced, from which the patient awaked quite calm.

Headach was sometimes complained of for a short time: in a few instances, it lasted for a day or two.

Chilliness and coldness of the extremities. This was a rare consequence, and was relieved by warm, stimulating drinks and warmth to the surface.

Eye.—*Blindness* was complained of in the case of a female for more than an hour, while the hearing was as acute as usual. This was speedily relieved by a warm, stimulating drink.

The conjunctiva occasionally remained in a congested condition for an hour or longer.

Muscular system.—General debility and an unsteady gait in walking, as of one under the effects of intoxication, often occurred, lasting from a few minutes to half an hour or longer, usually dependent upon the length of time that inhalation was continued.

Digestive organs.—Nausea and vomiting having commenced during inhalation, sometimes continued afterwards; and were relieved by swallowing crushed ice, or by an external sinapism.

In the case of a child, copious evacuation of the bowels occurred in twenty minutes after recovery.

In compiling this report on the effects of anæsthetic agents, we have felt greatly the want of accurate and minute records of cases. About twenty have been furnished, of which the observations were carefully made and noted immediately in a case-book kept for the purpose. One of these, we deem sufficiently interesting to be reported in full, as the operator and subject were both physicians experienced in the use of anæsthetic agents.

Dr. P., about 25 years age—in good health, of rather spare form, excitable and cheerful—desired me to administer chloroform and ex-

tract two teeth, in order that he might have personal experience in regard to a new agent, which he occasionally administered to others. I determined to avoid profound anæsthesia.

Quantity used.—Chloroform 3j. on the sponge and oiled silk inhaler.

Effects.—Incomplete anæsthesia in five minutes, marked by occasional laughter and incoherent expressions. Entire insensibility to pain in ten minutes. The muscles of the lower jaw were completely relaxed. One tooth was then extracted without resistance, although he appeared somewhat conscious of the operation. Decided signs of returning consciousness occurring, I remarked, "I had better give you some more to extract the other tooth." To which he replied, "Go on without it; I don't think you will hurt me." He opened his mouth at my request, and I immediately extracted the other tooth, when he complained of slight pain. In ten minutes he recovered; stated he was insensible, or nearly so, to the pain, and exclaimed several times, "What a wonderful discovery!" "Is it not a glorious discovery?"

During the whole period he answered questions, though rather incoherently.

The following is a description of his sensations, written by himself:

Wishing to have two large molar teeth extracted, and also desirous of relieving myself, to some extent, from responsibility in administering it to others, Dr. B. was kind enough to put me under the influence of this wonderful agent. The following are my recollections of its effects upon myself. While inhaling the chloroform, I endeavored to resign myself fully to its influence, determining at the same time calmly to observe its sensible effects. The first impression was that of most decided exhilaration. I found myself laughing, at what, I knew not; then commenced the buzzing or ringing in the ears, following which was an illusion of countless stars, with a diameter of about half an inch, and of bright colors, (blue and red, I think,) each revolving on its own axis with great velocity. Up to this time I could hear any question asked me, but was rather indifferent to other sounds about the room. My mind seemed engaged with the bright illusions above mentioned, and now and then occupied in a sort of abstract contemplation, hard to describe. From this state, (how long it continued I cannot say, but it *seemed* only a short time,) I found that I began to revolve slowly myself, (not on my own axis, however,) and in a few moments joined in the common whirl. It seemed to me that I was on the end of some great *lever*, which revolved with inconceivable velocity—not producing any fear, however, but seemingly a sensible giddiness. From this condition I lapsed, in a few moments I suppose, into complete insensibility. The feeling was very *similar* to that I have felt while fainting. It was at this time, I *presume*, that the first tooth was extracted. In a few minutes, I became somewhat conscious, and recollect Dr. B.'s putting his hand into my mouth, at the same time remarking he would give me a "little more." I think I told him to pull out the other without giving me more—that I would not feel it. He complied with my request, and I distinctly recollect his putting the forceps upon the tooth, and was conscious of *some* pain, but knew scarcely from whence it proceeded. I seemed to make some resistance.

For about a half hour after recovery, had some pain in the frontal region, and noticed slight congestion of the conjunctiva. The most remarkable effect of this agent upon myself, was the current it seemed to give to my thoughts for about two weeks afterwards. In this I am not mistaken. I frequently found myself making exclamation, spontaneously it seemed, such as I discovered myself using when recovering from the effects of the chloroform.

I was not aware of any unpleasant consequence from the use of this agent—no depression of body or mind.

The next case is one of such extraordinary character, that we would not feel justified in reporting it, if we had not satisfied ourselves of the accuracy of the facts. They were reported by a son of the individual, and were confirmed by the statements of several respectable apothecaries, together with the personal observations of two members of the committee.

J., about sixty years of age, blacksmith, of fine athletic form, had enjoyed such uninterrupted good health, that he had not been known to lose a day's work during twenty years. It was his habit to work every day, Sundays included, until a late hour of the night. Every Saturday night he stopped work earlier than usual, and indulged himself in a frolic. About three years since, his mind became suddenly disordered while he was at work in his shop. He was totally incapable of applying himself to his usual employment, and imagined that he had been poisoned. He returned home and went to bed, from which he has never risen since, except for a short period.

While under medical treatment for this hypochondriacal condition, it was suggested to him to use ether, which had then been just introduced, for the purpose of producing anæsthesia. A few trials were not satisfactory to him, and when chloroform was introduced, he soon substituted it for ether. Since then, he has continued to use it to an enormous extent. He has often inhaled a pint in twenty-four hours. On one occasion, his son left in his room a pound, which he had just purchased. On returning home six hours after, he found the bottle empty. On enquiry, his father assured him that he had inhaled the whole of it, and entreated him for more. Fearing that it would prove fatal, he refused to procure a further supply, until after an interval of about twelve hours, when his father's entreaties became so importunate that he yielded, and during the remaining six hours, the old man inhaled ten ounces more, amounting in all to 26 oz. in 24 hours. Probably, however, much of this wasted.

One apothecary of the highest character testifies, that he has supplied him with more than two hundred pounds, and that he has not sold him any for a considerable time. His son declares, that his father's use of chloroform has consumed the greater part of the earnings of himself and brother, in one of the largest and most profitable shops in the city. He supposes they have expended at least twenty-five hundred dollars in this way during the last three years. Lately, they have succeeded in reducing the amount used, to four ounces in three days.

It is remarkable, that during the period that he has been using chloroform, he has entirely abandoned the use of ardent spirits.

About the middle of last February, two members of the committee visited the patient, in company with his son. He was found occupying an attic room, lying upon a pallet on the floor, in compliance with his own wishes. His appearance was that of a hearty, fleshy man, of about sixty years of age. His pulse, respiration, in fact all his functions, we ascertained were perfectly healthy. His appetite and digestion were remarkably good. During this inordinate use of chloroform, he has fattened probably thirty pounds, his weight being now about one hundred and eighty pounds.

He has never been unpleasantly affected in any way, either during anæsthesia or afterwards, except once, when, having become insensible, his head fell upon the inhaler. Then, a more profound state than usual, marked by stertorous respiration, was produced, but it was of short duration.

We remained in the room about half an hour, conversing with him most of the time, and were several times interrupted by his urgent entreaties for more chloroform, although he had just emerged from the anæsthetic state. His remarks were chiefly on the subject of his having been poisoned, which is evidently his principal illusion. He imagines himself unable to walk, and refuses even to be dressed.

At length his desires were indulged; and an ounce vial, half full of chloroform, was brought to him. He eagerly grasped it; and having drawn the bed-clothes over his face, sufficiently to cover his mouth and nose, he placed the vial to his lips, and took strong, deep inhalations for ten or fifteen minutes. A slight quivering passed over his frame, he rolled upon one side, and lay in a state of profound sleep. We then left him to his strange infatuation.

This case proves conclusively, that the intemperate use of chloroform is attended with far less danger than is the same use of alcohol or opium. It is a remarkable fact, that in this case it has not been necessary to increase the dose, which would have been required, had any known stimulant or narcotic been used, instead of chloroform.

Three cases have been reported, in which fatal or permanently injurious consequences have been *suspected*; but in all of these, there were other palpable causes quite sufficient of themselves to have produced the results. That the anæsthetic agent used, even *co-operated* with these causes, has not been satisfactorily shewn; and without this evidence we cannot admit a conclusion opposed by all the other evidence which we possess.*

We now proceed to state the *various occasions* on which anæsthesia was used with advantage. Had our queries been more definite on this head, we might have been furnished with more interesting matter than we are now enabled to report.

Surgical operations.—The cry of distress is always attractive, even among brutes, which rush instinctively to the scene of suffering, re-

* The details of these cases were reported in full to the society, so far as the facts could be obtained. Two of them we do not feel at liberty to publish. The other was simply a case of fatal result, after a prolonged capital operation.

gardless of danger. Among human beings, the desire of alleviating pain is one of the strongest natural impulses. Especially are our feelings enlisted, when we ourselves occasion that pain, though for some beneficial end. A timid, inexperienced surgeon, of sensitive feelings, is liable from this cause to lose his presence of mind in the midst of an operation, and thus risk the life of the patient. In such a case we can hardly over-estimate the value of an agent, by which we can reduce the human frame, for any desirable period, to a state of mere vegetable existence.

Often, the patient, terrified by the thought of enduring the physical suffering of a surgical operation, has dangerously procrastinated, or even sacrificed life itself. How wonderful the relief to his agitated feelings, instead of being directed to string up his nerves to their highest pitch of endurance, to be requested simply to compose himself to sleep, with the assurance that he shall awake, to be informed of the completion of the long-dreaded application of the knife.

In one instance of extreme debility, from diffuse inflammation of the cellular tissue of the arm affecting the elbow joint, it was deemed important to amputate. It was feared the patient could not withstand the shock of the operation, and yet it was believed she would sink from the exhausting effects of the disease. Chloroform was administered, the amputation was performed, and the patient recovered.

Statistical tables of capital operations have shewn a fearful amount of mortality. In many of these instances the catastrophe has been attributed, no doubt properly, to that state of innervation, called the shock to the system. Anæsthesia has almost annihilated this source of danger. While the reports of this city are not sufficiently definite on this point to enable us to state actual results, we would refer the society to tables published by Professor Simpson, which prove an extraordinary diminution of mortality, after capital operations, in the principal hospitals of Great Britain and Europe, since the introduction of anæsthetic agents.

Eye.—It has been objected, that in anæsthesia the ball is rolled up, and is in an unfavorable position for most operations on this organ. This is fully contradicted by observations in this city: several operations in ophthalmic surgery having been performed upon anæsthetic patients, and in every instance the axis of the eye was observed to be directed forward. For the extraction of foreign bodies embedded in the cornea, as pieces of steel occurring among stone-masons, the position of the eye and its quietude, are the most favorable that can be desired.

In extraction of the lens for the cure of cataract, the only inconvenience which occurs, is, that the ball is not sufficiently steadied by its muscles, and requires counter-support against the thrust of the knife.

Occasionally, in surgical operations, anæsthesia was not sufficiently profound, nor well sustained, and then, considerable embarrassment was experienced, in consequence of the restlessness of the patient.

Fractures.—For the purpose of setting a fracture, when much pain was experienced, and there was much resistance from muscular contraction, anæsthesia enabled the surgeon to effect his object with great facility.

Dislocations.—We possess no means by which the muscular relaxation necessary for reduction can be effected with so little loss of vital force, as by anæsthesia. Blood-letting and the other usual means are followed by much more prolonged debility; nor can we possibly induce so perfect a state of relaxation in any other way; for, however great the debility of the patient may be, if he be conscious of pain, he will make some involuntary resistance, and often this is very considerable. In anæsthesia, the muscles continued perfectly relaxed during the efforts of reduction; and the dislocated limb was replaced with more facility than it could have been upon a lifeless body.

Tetanus.—We have tried, in vain, the most powerful agents of the materia medica, to subdue the frightful paroxysms of convulsion, which constitute the most obvious feature of this dreadful disease. Anæsthesia abolishes all this agony. One who witnesses such a scene of intense suffering, and hears the entreaties of the patient for this means of relief, and then observes the perfect composure which follows its use, is prepared to render an acknowledgment of devout gratitude to the Giver of so great a blessing. The reports we have received do not furnish any instance, in which this formidable disease has been cured by anæsthetic agents. So far, they have produced a temporary alleviation of suffering, and have aided the use of other means. In one case in which traumatic tetanus was feared, the alarming symptoms were subdued by ether as often as they appeared during three days, when they finally subsided.

Stricture of the urethra, with retention of urine.—One instance of this kind is reported, in which the attempt to pass the catheter produced intense pain, with a discharge of blood. Free bleeding and the warm hip bath were resorted to in vain. Anæsthesia was then induced, with the effect of giving prompt and entire relief, without the use of the catheter.

Obstruction of the œsophagus in its lower part. Anæsthesia was used successfully for the purpose of passing the probang into the stomach.

Mania à potu.—In this disease, in which a nicely-adjusted combination of stimulants and sedative narcotics has proved most efficacious, anæsthesia succeeded in giving relief, when the usual means had failed. In the cases reported, there was “flushing of the face and spasm of the extensor muscles of the whole body; the breathing was hurried, and occasionally entirely suspended. This state lasted only a few seconds, and was relieved by throwing cold water upon the face. The patients then fell into a sleep, which lasted from ten to thirty minutes, and awoke quite refreshed.”

Epilepsy.—Anæsthesia has greatly mitigated the violence and shortened the duration of the attacks of this formidable disease.

Hysteria.—In violent paroxysms of this disease, accompanied by delirium, convulsions, screams and violent resistance of control, with a full pulse, the patient was composed by a cautious administration of chloroform. While she was in this condition, free venesection was practised, followed by a large dose of morphine, and cold application to the head. The paroxysms soon began to recur, and they were

again promptly subdued by chloroform. The inhalation was repeated at intervals, so as to keep up a state of anæsthesia, until narcotism commenced, when its use was dispensed with.

In one of these cases, two pounds of blood were taken during anæsthesia.

It should be particularly observed, that the act of *deglutition* was performed during anæsthesia.

Convulsions from other causes have been relieved by a mode of practice similar to that last mentioned.

Cramps of Asiatic cholera.—This dreadful symptom of a most malignant disease has been entirely relieved by anæsthesia. In two cases, the one complicated with hysterical symptoms, and the other in a state of collapse, chloroform was used as occasion required, with the happiest effects, and both patients recovered. In the last case, the system, nearly exhausted by the principal symptom of the disease, seemed in danger of complete exhaustion of the vital powers by the fatigue and pain of the violent muscular contractions. Tranquil sleep was produced by chloroform, and an opportunity given to the system to recruit its worn-out energies.

Neuralgia.—Severe attacks of this disease have been entirely relieved by chloroform; no case of permanent cure has been reported.

Burns.—Anæsthesia relieved a patient from the intolerable suffering produced by this injury, and enabled the surgeon to apply suitable dressings with facility.

Asthma.—No agent of the materia medica gave such prompt relief in this distressing affection as chloroform. It was premised by venesection when this was indicated. In one case, continued gentle inhalation gave entire relief, without the use of any other means. It was used several times, with the happiest effect, in the case of a feeble person of seventy years old.

Abortion.—In one case of strongly threatened abortion, venesection and opium were used, followed by chloroform, with the best results. During about a fortnight, opium and chloroform were used as occasion required, and the patient, who had aborted at the same period the year before, was carried on to her full term. The child was perfectly healthy. In many of these cases, the cause of irritation is extraneous to the uterus, and by controlling this irritation, we ward off its reflex action on that organ. Besides this, a profound state of anæsthesia does, to some extent, control the uterus itself during labor at the full period; much more, then, would it be likely to do so, when the uterus is unprepared for normal spontaneous contraction.

Labor.—On the use of anæsthesia under this head, we have not been furnished with much material for communication, only about nine cases having been reported to us. In these, the results were very favorable. In two, there was retention of the placenta, but, in the other cases, it was expelled so readily, as to prove the complication to have been purely accidental.

The uterine contractions appeared to be temporarily suspended, when the anæsthesia was very profound; but they soon returned in full force, as the patient emerged from this condition. When the pains

occurred rapidly, and with little force, the intervals were lengthened, and the pains became stronger under the influence of chloroform.

It was remarkable, that during a moderate state of anæsthesia, the patient unconsciously made the usual efforts auxiliary to the uterine contractions.

In two or three instances anæsthesia was induced towards the close of labor, in others when the os uteri was ascertained to be fully dilated, and was then maintained during the remainder of the process. There was one particularly beneficial effect observed, viz: a remarkable degree of relaxation of the soft parts at the outlet of the pelvis. The perinæum yielded with such facility, that the last stage of parturition was accomplished almost without obstruction.

In one instance of protracted labor, chloroform was used to enable the patient to obtain repose, which she greatly needed, after which ergot was administered, and when vigorous contractions were produced, chloroform was again resorted to with the happiest effect.

In several instances, the child was delivered and dressed without the least knowledge on the part of the mother of what had occurred; indeed, in two instances the mothers positively denied the children to be their own when first presented to them. The children were as vigorous as usual.

From the effects observed on the occasions reported, we feel authorized to recommend these agents on *other occasions* when their effects are evidently indicated, viz: severe colic, with or without invagination of the intestines, taxis for strangulated hernia, surgical diagnosis of injuries, instrumental labor, manœuvres in case of malposition of the fœtus, puerperal convulsions, &c.

COMPARISON BETWEEN CHLOROFORM AND ETHER.—The details under this head are rather meagre.

Comparative strength.—About thirty drops of chloroform have frequently produced a transient state of anæsthesia sufficient for the extraction of a tooth, but no case is reported, in which less than $\frac{1}{2}$ oz. of ether was used for the same purpose. Now one drachm of chloroform contains 120 drops. To produce this transient effect, therefore, one part of chloroform was equivalent to about sixteen parts of ether. In order to produce more profound and prolonged anæsthesia, one part of chloroform was equivalent to about six parts of ether.

Comparative effects.—The *taste* and *odor* of chloroform was much more agreeable than those of ether.

Respiratory organs.—Ether was much more irritating to the air passages during the first inhalations. For this and the previous reason, patients made greater resistance to its administration.

Nervous system.—Ether was much more stimulating than chloroform. It sometimes produced a high state of delirium, with a disposition to do violence to others. Chloroform occasionally produced excitement, with a disposition to resist control.

Anæsthesia was more persistent when induced by chloroform. This point, however, was not fully established.

Comparative efficiency.—Ether failed more frequently than chloroform. Its prolonged administration failed in two instances to pro-

duce complete anæsthesia in children. In one of these, chloroform was used on the following day with prompt and complete success.

Modes of administration.—Those usually adopted were with an inhaler, a cambric handkerchief, a cupped sponge, a sponge wrapped in a handkerchief or napkin, and a sponge attached to the middle of a piece of oiled silk. The neatest form of an *inhaler* which we have examined is that called Rushton's. It is composed of a flat glass bottle capable of holding about a half pint, having a mouth-piece of sufficient size to cover the lips. At the bottom is an opening for the admission of air. A sponge is introduced through the neck, which is contracted, so that the sponge must be compressed to pass through it. The sponge remains in place very well, and is kept from contact with the face. A fresh supply of the agent may be dropped in without removing it from the patient.

The objections to this instrument are: 1st. The nostrils are not included in the inhaler. The patient may, therefore, close his mouth, and breathe through his nose, thus avoiding the act of inhalation entirely. One of the committee was obliged to lay it aside, owing to this cause, the only time he tried it. 2nd. Although it is more portable than some other forms, it is inconvenient to carry, and cannot always be at hand. 3rd. Its brittleness.

The *sponge* answers very well, but it is not always at hand. The *cambric handkerchief* may nearly always be procured, and may be used advantageously in every case. It should be placed in the hand and folded in a cup shape, in the bottom of which the agent should be poured.

By *enclosing a sponge*, we have a better reservoir for the agent than we have with the handkerchief alone.

The next plan we believe to possess some advantages over every other, and we therefore describe it more minutely.

A sponge, large enough to hold about a half ounce of chloroform, is loosely stitched to the middle of a piece of oiled silk about six inches square. The silk lies loosely over the face and under the eyes, and allows the air to enter under the lower edge, which must be raised, if it fit too closely about the chin. When it is not in use, the oiled silk is to be wrapped about the sponge, to prevent evaporation, and it is then ready to be re-applied. Its advantages are, 1st. The eyes of the patient are protected from the vapor, which is apt to irritate them. 2d. The operator is protected. The other usual modes leave him exposed to considerable annoyance from the vapor. 3d. It can be readily prepared, and is cheap and portable. 4th. It economizes the agent used.

One of the committee, who has used it frequently, has added a triangular piece of leather larger than the nose. This is stitched to the oiled silk, and to it the sponge is attached. The leather, when laid over the nose, keeps the sponge from touching the nostrils or lips. The evaporation is slower from this instrument than from the handkerchief, consequently the effects are produced more slowly, and for this reason more advantageously.

This method was originally published, in the Buffalo Medical

Journal and Review, by Dr. Geo. M. Burwell. He used it in midwifery cases, with a sponge holding a drachm.

For the purpose of noting as accurately as possible the amount used, one of the committee is in the habit of keeping the chloroform for immediate use, in a flat, graduated one ounce vial, which we would recommend for general use. It is satisfactory to the operator to know the amount used, for reasons similar to those which cause him to keep himself informed of the amount of any other medicine, which he may administer. It enables him to produce the desired effect with more accuracy, and to give the same quantity to the same person.

Rules to be observed in the Administration of Anæsthetic Agents.

1st. Examine the *quality of the article* used. Ether should be carefully prepared for the express purpose of inhalation. Chloroform should be procured only from some factory of established reputation.

2d. Examine the *condition of the patient*. We consider the following conditions as contra-indicating the use of anæsthesia: *Organic disease of the heart*, by which its strength is greatly impaired; for instance, softening and dilatation. We would fear, that in such a case, a greatly enfeebled organ might cease to act under the influence of a powerful sedative. *Disease of the lungs*, producing considerable loss of substance or extensive tubercular deposit, by which the supply of oxygen to the system is greatly diminished. In these cases we would fear, that the patient might be asphyxiated by lessening suddenly the supply of air, already insufficient for the healthy performance of the vital functions. *A tendency to apoplexy*. In such a case we would advise either that these agents should be abstained from altogether, or that their use be premised by blood-letting. The congestion of the vessels of the head, together with the sensations experienced just before anæsthesia occurs, indicate some degree of cerebral congestion, which, superadded to that already existing, might be followed by dangerous consequences.

3d. Place the patient in either the recumbent or reclining posture. The vapors of ether and chloroform being heavier than atmospheric air, in this position they gravitate towards the mouth and nostrils, and thus a smaller quantity is necessary to produce the effect. When the patient becomes perfectly relaxed, an upright position cannot be maintained without support, and if the operator have no assistants the patient may fall from his seat.

4th. Avoid, if possible, administering these agents when the stomach is full, for they will then almost inevitably cause profuse vomiting, with protracted nausea. This will greatly delay anæsthesia, and seriously embarrass the operator. Strong efforts at vomiting increase the existing cerebral congestion, and often produce severe headache. The patient should be directed to avoid his usual meal preceding the inhalation, or the operator should select his time when the stomach will be empty.

5th. Attend to the admission of air during inhalation. This we believe to be the most important precaution requiring our attention. If

the vapor be inhaled in a very concentrated state, it will produce coughing and a sense of suffocation; the act of respiration will be temporarily suspended, and the patient will run the risk of being asphyxiated.

6th. Secure complete anæsthesia before commencing a surgical operation, and maintain this condition, by repeating the inhalation as often as may be necessary during its performance. For this purpose, as in the employment of other remedies, pay more attention to the effect produced than to the quantity used. Inattention to this rule may cause the patient to be in a worse condition than if anæsthesia had not been attempted. If this state be incomplete, he is deprived of self-control, and left under the full influence of the reflex system of nerves, when he will be more restless than in a state of perfect consciousness.

Chemical composition of ether and chloroform.—In order to the completeness of this report, we subjoin the following remarks: These agents belong to two series of bodies, distinguished by hypothetical radicals, each of which is a hydro-carbon. The radical of ether, called ethyl, consists of four equivalents of carbon, and five equivalents of hydrogen, represented by the formula $C_4 H_5$.

The radical of chloroform, called formyl, consists of two equivalents of carbon and one equivalent of hydrogen, represented by the formula $C_2 H$.

Ether consists of one equivalent of oxygen combined with ethyl, and may be termed oxide of ethyl.

Chloroform consists of three equivalents of chlorine combined with formyl, and may be termed perchloride of formyl.

The chemical formula of ether is $C_4 H_5 O$.

“ “ “ chloroform is $C_2 H Cl_3$.

The specific gravity of ether is - - - 0.720

“ “ “ chloroform is - - - 1.48

It is reported to have been obtained as high as 1.5

Ether is a highly *inflammable* substance. Chloroform is not inflammable. We should be cautious, therefore, when administering ether, not to bring a lighted candle near the patient, lest the vapor should take fire. This risk does not occur when chloroform is used.

We learn that the only *preparation of chloroform* in use in this city is obtained from the factory of Messrs. Powers & Weightman of Philadelphia, whose high character is a guaranty of its purity. The quality must, therefore, have been generally uniform. This fact is of importance, as it enables us to ascertain with more certainty the causes producing the variety of effects noticed. On one occasion, a strong chlorine odor was observed, and on examination, it was found that the patient had sent a vial which was not clean. No doubt the impurity had caused a decomposition.

From the facts which we have presented, we deduce the following propositions:

1st. Of nearly fourteen hundred instances reported, in which anæsthesia has been produced, not one has occurred in which either a fatal or permanently injurious consequence has been proved to have resulted.

NOTE.—This proposition is the more remarkable, when it is recollected, that the period embraced in this report extends over the entire history of the use of anæsthetic agents in this city since their introduction; that their early use was necessarily to a great extent empirical; and that a large proportion of cases occurred in the practice of those who were not physicians, and of whom we may say, without disrespect or disparagement of their professional skill, that they were less competent than physicians to discriminate between those who were and those who were not suitable subjects for the administration of anæsthetic agents, or to judge of the physiological effects produced. We believe that such a proposition could not be maintained in regard to any other of the most powerful agents of the *materia medica*.

2d. That on every occasion on which it is desirable to use anæsthetic agents, we may do so with confidence, observing proper precautions.

3d. That chloroform is preferable to ether, and is equally safe. We would compare its advantages to those of the alkaloids, quinine, morphine, &c., over the bulky and often nauseous substances from which they are derived.

4th. That in surgical operations the patient is not only saved the cruel agony which has hitherto been inseparable from many of them, but is in a more favorable condition for their successful performance.

5th. That the process of natural labor is facilitated by anæsthesia.

6th. That in some cases of a purely medical character, these agents furnish a most valuable resource to the physician.

7th. Finally, when we consider the extensive application of these agents, the diminution of suffering and the preservation of life which they have effected, and the relief from embarrassment to the operating surgeon which they afford, together with their safety, they deservedly rank among the most valuable resources of the healing art, and their discovery marks an important era in the history of medical science.

All which is respectfully submitted.

JAMES BOLTON, M. D.

C. BELL GIBSON, M. D.

JOHN A. CUNNINGHAM, M. D.

WILLIAM W. PARKER, M. D.

Erratum.—In the table on page 182, read, instead of the numbers under the corresponding columns:

	Males.	Females.
Physicians' report,	237	163
Dentists' report,	492	492
	<hr/> 729	<hr/> 655

For the Stethoscope.

The Vapors.

There are few persons so fortunate, or so happily constituted, as not to be liable at times to feelings of depression, bordering on melancholy. For, as has been remarked, those who seem most buoyant in public, are often in other moments the most prone to despond. All, however, should endeavor, as far as possible, to attain a cheerful frame of mind. It is somewhat difficult to determine the exact point which separates the mere state of ordinary low spirits in the sane, from the morbid condition of mind and pain to which, from the most ancient times, the epithet *melancholy* has been applied in a technical sense. The very closeness of this connection, indeed, is such as should induce a habitual struggle against yielding to any emotions of the kind. Perhaps, apart from delusions which do not necessarily accompany insanity, at least in a marked form, two of the most characteristic symptoms, separating it from ordinary depression, and constituting melancholy considered as mental derangement, are the presence of nervousness, and a long continuance of the feeling involved, with naught in the nature of an adequate external cause for such a psychological phenomenon. However different the two conditions may be, a proneness to the one should be carefully avoided as certainly apt to lead to the other. So doubtless too, in a measure, the means employed to dissipate the mild or precursory symptoms of melancholia and hypochondriasis, if habitually adopted, would serve to neutralize the action of low spirits.

Philosophical considerations present themselves to almost every one, in demonstration of the groundlessness of feeling too deeply the ills, whether fancied or real, of this mortal life. But alas for us! The path of history is strewn with the wrecks of altars raised to principles fondly deemed everlasting, but which now serve only as subjects of curiosity, or materials to construct other theories as fleeting and transitory as they. Still we may allude to a few considerations that almost by their very triteness fail in exciting a practical attention on the part of individuals, and which yet, it seems likely, should have the effect, when duly digested, of diminishing the intensity of a painful inquietude. Thus, take many of those who are victims to lowness of spirits, and let them compare their situation with that of a multitude of persons, both now in existence, and also of those long buried beneath the lapse of centuries, and they cannot but perceive that their lot is endowed with far more of the elements of comfort, than occurs to a vast number of their fellow-creatures, whose portion nevertheless has not been unhappiness. Again, if there be real misfortune to cause feelings of despondency, do we not all see how fleeting are alike both earthly sorrows and earthly joys. Of course too, in the deepest night of affliction, religion points aloft to the solemn stars, shining above all the storms and clouds of this world, and beaming on radiantly and undimmed forever. So too, the providence of God, as seen in all things, should be soothing to the grief-worn—that eter-

nal substratum to the universe, of whose existence they are fully conscious who have faith,

“ And hear at times a sentinel,
That moves about from place to place,
And whispers to the vast of space,
Among the worlds, that all is well.”

[*In Memoriam.*]

Although reflections like the above, as it is with arguments against the delusions of the insane, usually fail in producing any considerable effect, the depressed in spirit would do well to bear them in remembrance. Such conclusions may be looked upon as the judgment of the thoughtful in the long line of ages, the experience of the thinkers in all time. But each epoch has its own separate experience, and the unusual degree of investigation into the symptoms of insanity, at this date, has elaborated opinions of importance in this regard. Two of these, which we deem plain inferences from facts concerning insanity, traced by physicians of lunatic asylums and other observers of the disease in point on a large scale, seem worthy of mention.

We estimate a habit of self-control as very essential to a peaceful and healthy state of mind in this world. We are satisfied that a number of insane persons owe their malady to a want of self-government. The inculcation of this in childhood, to the mind so docile and pliant at that period of life, is especially necessary—as the twig is bent the tree will grow. And if an early vigor is imparted to the youthful mind, by teaching moderation, by a constant endeavor to produce a balance of power in the various mental attributes, then may the storms of life spend their fury in vain upon an individual who is so fortified against them. In Virginia we are accustomed to look upon Washington as the most exalted character that is found on the pages of history: and amongst the qualities constituting the greatness of this illustrious man, no peculiarity is more striking than the complete mastery which he held over all his feelings and emotions, and the general equilibrium which reigned in all his faculties. If the hopes and associations be fixed on any object in life, whether it be wealth or ambition, or love, and this darling end be placed apparently beyond the reach, the ill-balanced mind is apt to fall precipitately into the dark abyss of insanity. Moreover, the mere habitual yielding to gloomy thoughts and feelings at last causes these to be persistent, when, if resolutely striven against, they would have been only temporary; for it is the nature of every mental trait to be increased in strength by exercise. Even, indeed, when a sufferer becomes actually insane, we often witness the internal conflict which he undergoes in resisting the sway of delusions and morbid feelings. It is in truth far more advantageous in managing the insane, to encourage them to use all their efforts in this line of action, than to contend against their false ideas by a logical discussion. Analogous exertions are both feasible and proper on the part of the sane; and it is just as requisite for those prone to them, to refrain from giving way to the predominance of sombre ideas and feelings, if they would avoid the great calamity of an unsound mind, as it is for the victims of intemperance or the other

appetites to refrain from such excesses, if they seek to avoid a similar fate.

In the treatment of mental alienation, as now-a-days everywhere pursued, one of the leading measures consists in bodily and mental employment. The particulars into which these two heads may be divided are boundless in number, and have been frequently discussed, sometimes with direct reference to their comparative value and utility. The great principle involved is, however, throughout the same—being to keep the mind so occupied that the morbid feelings and delusions are effaced through inaction. In lowness of spirits, this identical course is to be pursued. Doubtless for such individuals some avocation or employment, naturally congenial to them, will prove most suitable; but let them be occupied in some mode, whatsoever it may be. If, perhaps, a man were to seek that condition of things which was calculated to render him most happy, it would be found in a continuous, though not too laborious occupation, in some pursuit in which he took great interest. But even if there be a disinclination to all sorts of occupation, and even to amusements, and although the individual may be wealthy, still it would be the best remedy for a causeless depression of spirits, steadily to pursue a fixed object requiring action and thought, in order to attain the end proposed in that relation. • Abernethy's counsel to a nervous and dyspeptic lady, was: "Dismiss your servants, madam, and make your own beds." And Burton's wondrous volume, the "Anatomy of Melancholy," concludes with a *da capo* of advice to the following effect: "Only take this for a corollary and conclusion, as thou tenderest thine own welfare in this, and all other melancholy, thy good health of body and mind, observe this short precept, give not way to solitariness and idleness—'be not solitary, be not idle.'" In certain cases of mental disturbance, in which there is an unaccountable nervous distress and agony of mind, Dr. Bell, an accomplished superintendent of the insane, observes, that "the restraints, discipline, and interdiction from friends of an asylum, or of a sea-voyage, are pretty sure to effect a recovery."

Not unfrequently we find low spirits distinctly connected with impairment of the physical health. In this event medical means will sometimes have a good effect; so on the other hand the mind, even when strictly speaking undiseased, may prey upon the body. We believe, indeed, that these circumstances, though acknowledged in the main, are yet frequently overlooked in details, and occasionally to the disadvantage of the individual concerned. In a trip to a watering-place the mind is pleasantly engaged; various cares are laid aside; there is nothing vexatious to disturb the psychological tranquillity; the change of scene, and the many new objects prevent an indulgence in gloomy reflections, by their pre-occupation of the mind, and this, reacting on the body, causes it also to recover from its ailments. We are inclined to think that, *per se*, a pleasant sensation is of service to both the mental and physical economy conjointly. Indeed, perhaps, effects in themselves pernicious to a certain degree, from the use of certain articles of diet, are counterbalanced by the pleasant sensations felt in the system generally. Thus an individual comes to his home at the

evening hour, wearied with a day of toil, and perhaps harassed with mental uneasiness. Refreshing to him under these trials is the influence of tea or coffee; any evil effect on the nerves is thus, perhaps, compensated for by the soothing power over mind and body, and their mutual reaction for the good of the whole animal frame. This idea may also apply measureably to tobacco; but it will not answer to extend the theory too far. For the continuous effects of these agents on the nervous system, if they are used for a long time to excess, must prove highly deleterious. And we may here remark, that nothing can be more erroneous, than for those affected with low spirits to resort to nervines for the purpose of relieving their despondency. Apart from the permanent ill consequences in the end, there is always a state of depression immediately following the preceding exhilaration. This remark applies to every nervine, for all the exhilarating substances employed by man are but letters of the same alphabet, whether they are entitled stimulants or sedatives. There is no intrinsic or essential difference in this aspect; for example, between tea, coffee, alcohol, opium, hachish, chloroform and tobacco. He who becomes an abject slave to any one of these, realizes the ancient legend of Faust's compact with the demon, to resign his hopes of everlasting bliss, for temporary pleasures of an exciting character. If there be any circumstances justifying the use of such agents in these cases, it is the employment of those nervines so calculated to act, in order to procure sleep. But even here great caution is requisite lest that become a habit, which in the first instance was so pleasant in itself, and that besides relieving pain perhaps, procured rest and all its attendant refreshment, in place of a previous general *malaise*.

Most diseases are brought on by improper indulgence during health, or want of due carefulness against the invasion of a malady. Persons when in health, finding that they can neglect hygienic rules for a long period without evident detriment, are led to imagine that their experience runs contra to supposed facts deduced from them. But oftentimes they are but sowing the seeds of disorders which ultimately burst forth in an aggravated form. They who would properly enjoy life, should strictly attend to these principles, unless, indeed, they prefer the error of passing "a short life and a merry one." Those subject to low spirits of course come within the general category. There are, however, a few precautions, which seem to demand *particular* care on their part, and to which, moreover, the attention of their friends should be directed when their habitual *tristesse* seems on the verge of terminating in actual insanity.

Dr. Brigham observes, that "notwithstanding strong hereditary predisposition, ill-health, loss of kindred or property, insanity rarely results unless the exciting causes are such as to occasion loss of sleep. A mother loses her only child, the merchant his fortune—the politician, the scholar, the enthusiast, may have their minds powerfully excited and disturbed—yet if they sleep well, they will not become insane." In order to secure this blessing, active exercise is the chief resource, should it be feasible. Early rising and retiring are also advantageous; and the individual should avoid excitement at night, and the in-

fluence of perplexing thoughts. He should endeavor to turn his mind, on retiring to bed, from any present idea creative of anxiety, by fixing his thoughts on scenes in the past, or the consideration of other persons rather than himself, or on expected events in the future, which are attended with hope. "Building castles in the air" may also be resorted to, and counting a large number is an old plan in this regard. The educated have also a resource here in directing the attention to matters which they have read, or in endeavoring to recollect snatches of poetry, or in testing their remembrance of historical and scientific truths. In some cases where the rest is broken, rising from bed and washing the face and hands in cold, or bathing the feet in warm water; or the use of perfumes will be of service. As a last resort, and under peculiar circumstances, the cautious employment of nervines may be adopted. Dr. Macnish, in his work on the "Philosophy of Sleep," says, the body should be brought to a medium temperature before retiring, and that, as a general rule, a person who eats nothing for two or three hours before going to rest, will sleep better than he who does; and he approves of the habit of the Chinese, of brushing their teeth before lying down.

Another precaution to which the nervous and melancholy would do well to attend, is, being careful as to the condition of the alimentary canal; for keeping the bowels open, as holds good with respect to other processes of nature, diet and exercise are preferable to medicines. Especially if there be a dyspeptic tendency, it will be often found beneficial to substitute the Graham biscuit for all other kinds of bread. In some cases of low spirits, a mild laxative might doubtless be used occasionally with advantage. In melancholy derangement, purgatives have been employed from the most ancient times—less now perhaps than formerly. Pliny asserts that the black hellebore was first discovered at an early period, by Melampodius, and that through its action he cured the daughters of the king of Arcadia; and in ancient times those laboring under mental derangement were sent to Anticyra to be purged, this plant growing very abundantly on that island.

With regard to bathing, Dr. Winslow makes the following remarks: "The state of the mind is closely dependent on the condition of the cutaneous secretion. I should recommend those who are subject to mental depression—hypochondriasis, the vapors, ennui, or by whatever designation it may be termed—to try the effect of systematic bathing. I feel assured that, in many instances, violent attacks of insanity may be warded off by the use of the warm or cold bath. In cases of cerebral irritation, evidently the result of a tendency to vascular excitement, bathing the head regularly every morning with cold water, or vinegar and water, will be followed by great benefit to the health of the body as well as the mind."

J. M. G.

A case of Puerperal Fever successfully treated—with Observations.

BY JNO. P. METTAUER, M. D., L. L. D., OF VA.

The case of puerperal fever about to be reported through this paper, occurred with an exceedingly delicate female servant, ætat. 25 years, who had borne children very rapidly, having had five, including the one born immediately before this attack. Her previous labors were not distinguished by anything very remarkable, and the recoveries from them were generally as speedy as could have been expected with one naturally delicate, and who was rendered more so by frequent pregnancies and childbirths. The pregnancy immediately preceding this attack of childbed fever, in its early periods, was similar to the former ones. In the latter months of it, however, and particularly the last two, the woman suffered more or less from fever, especially of evenings, restlessness, thirst, loss of appetite, irritable bowels, debility, abdominal tenderness, especially near the close of gestation, and the most hopeless despondency.

When labor set in, the woman was a mere living skeleton—the most emaciated person conceivable, to be struggling with the throes of childbirth. The labor continued about 16 hours, and was not more distressing than her former ones, with the exception of the soreness of the soft wall of the abdomen, which each uterine contraction, towards the close of labor, rendered very distressing. When the membranes gave way, and the liquor amnii dashed over the midwife's hands, the temperature of it was so high as to impart the sensation of a "scalding heat," as the midwife expressed herself, and actually greatly alarmed her. The woman, too, complained of the unusual heat of the waters. The midwife informed me also, that when she passed her hand into the cervix, for the purpose of dislodging the placenta, its surface was exceedingly hot, more so than in any case in which she had ever officiated before, and her experience had been considerable. This condition of the liquor amnii, as represented by the midwife, was not new to me, as I had met with it in some seven or eight cases; and I have now and then found the reverse to be its condition, as well as of the uterine surface, which I have found so cold as to impart a decided and exceedingly unpleasant sensation of coldness even during the heat of summer. The case in question occurred in September, and during very warm weather, so that the midwife could hardly have been deceived by reason of her hands being cool at the time the waters were discharged upon them. These remarkable departures of the temperature of the liquor amnii and uterine surface from their ordinary conditions, I have always esteemed indications of danger, and a strong liability to puerperal fever; in several instances they have been succeeded by that terrible disease before I adopted my prophylactic treatment of childbed fever—a paper on which subject I contributed to the January Number of the "Charleston Medical Journal and Review for 1851," an exceedingly well conducted and valuable journal.

On the fourth day after delivery, nearly 100 hours from the time of its completion, I saw this woman for the first time after the attack of puerperal peritonitis commenced. I learned from the family, that a chill ushered in the disease, which occurred about 13 hours after delivery, and was soon succeeded by violent febrile reaction, pain of the inferior portion of the abdomen, thirst, nausea, and some tumefaction of the abdomen. I was informed by the midwife, that the abdomen did not subside, as is usual after delivery, but remained full and rather puffy. Very soon after febrile reaction set in, the abdomen became more tender under pressure during efforts to turn the body or to cough; and the *after-pains*, which the *case* was supposed to be for nearly three days, greatly augmented the sufferings of the woman, as well as the peritonitis. I could not procure from the family, nor from the suffering woman, who was too ill when I arrived to give me a satisfactory account of the case, after the pains greatly augmented in violence. I learned that the lochial discharge ceased about 20 hours after delivery; that the pain was constantly confined to the region of the uterus and inferior part of the abdomen; that urination was attended with difficulty early after delivery, and for the last day before I saw the woman, was impracticable; that the bowels had never been properly evacuated, and were still constipated; and that the abdomen had been swollen to its present enormous size for more than forty hours. I found the whole abdomen greatly tumefied, painful and exceedingly tender under the slightest pressure. Even the bed-clothes resting upon it, or the least change of posture, caused intense suffering. The pulse was greatly, nay, fearfully accelerated, exceeding in frequency 160 beats in a minute, was concentrated, tense and resisting; the respirations were hurried, exceeding 45 in a minute; and the breathing was laborious, attended with frequent sighing, and chiefly thoracic; the skin was hot and dry; there was incessant and most tormenting thirst; the eye was unsteady, and expressive of the greatest suffering; the position of the body was constantly dorsal, with the legs flexed on the thighs and drawn up; the tongue was moist, but covered with a whitish fur; the bowels were constipated, yet there was a frequent desire and repeated ineffectual efforts made to evacuate them; there was retention of urine; intense internal heat was constantly complained of; the lochial discharge had disappeared in a very great degree, and in its place a sanious, dark, offensive discharge appeared; the breasts were flabby and pendulous, and without the slightest appearance of a disposition to secrete milk; the vagina was hot and dry; there was almost a constant disposition to eructate, which caused the woman much distress in fruitless efforts to expel air from the stomach; there was almost incessant moaning as well as great restlessness; the mind at times was wandering, bordering on delirium; the most perfect disregard and want of concern for the infant was constantly manifested by the woman; there was a fixed aversion for food; and for three days and nearly four nights the eyes had not been closed in sleep a moment.

The treatment adopted in this highly interesting and threatening case was antiphlogistic, decisively and vigorously carried out in practice,

regarding the disease, as I have always done, inflammatory in the highest degree, especially in its early stage. My first aim was to enfeeble the organs of the active circulation so decidedly as to arrest the inflammatory process at once, and to protect the inflamed peritoneum, uterus, &c., against disorganization. To accomplish these ends, I first employed *blood-letting* from the arm, previously placing the woman in a semi-recumbent posture, and detracting the blood through a large, free orifice, until fainting was induced. In this manner sixty ounces were drawn at the first bleeding, before fainting could be produced. The effect, however, was decisive—a complete syncope came on, which continued fully two minutes after the woman was placed completely horizontal. Indeed, consciousness did not fully return for ten minutes, and from the commencement of the swoon, a copious and general sweat made its appearance, that continued more than three hours. The condition of the pulse was remarkably changed by the bleeding; its frequency was suddenly reduced from 160 to 120 pulsations in a minute, and was softer, more expanded and regular in its heat. The respiration and abdominal pain were also greatly ameliorated. Twenty-three respirations instead of forty-five were now only to be enumerated in a minute. The countenance was less anxious, and the woman expressed herself as greatly relieved in all respects. Without a moment's delay, an emetico-cathartic was administered, which, to save time, had been previously prepared, consisting of half an ounce of senna, one drachm of jalap, two ounces of Epsom's purging salts, one drachm of aniseseed, infused in a half a pint of boiling water for a few moments, and then gently boiled until the quantity of the menstruum was reduced to a gill. To the strained fluid, while pretty warm, three grains of tartar emetic were added, and the preparation thus formed was administered at one dose. The woman was now slightly turned on the right side, so as to cause the gastric contents to gravitate to the pyloric extremity of the stomach, both to prevent the rejection of the medicine, should early emesis take place, and to quicken the passage of it into the duodenum, and its operation as a cathartic. The change of position of the woman's body was effected without much difficulty, and with very little pain, and it was maintained until vomiting commenced, which took place nearly three-quarters of an hour after the dose of medicine was administered. As soon as the purgative had been given, and the position of the body properly arranged, fomentations were employed over the entire abdomen. These were used as hot as they could be borne, and were repeated every fifteen minutes. In the mean time an active enema of strong salt water was prepared, consisting of three heaping table spoonsful of the chloride to the pint of hot water, which was injected into the rectum, of the proper temperature, immediately after the commotion from the first vomiting subsided. The enema was retained, contrary to expectation, nearly twenty minutes, and pretty soon after its action commenced the vomiting was renewed, the two remedies acting simultaneously, producing artificial cholera morbus; and this state of cathartico-emetic action commencing with the operation of the enema, continued during the action of the purga-

tive, which commenced its operation in an hour after the administration of the enema. I have never witnessed, in the whole course of my professional life, such copious products by vomiting and purging, as were yielded by those agencies in this case. The quantity ejected from the stomach was so enormously large as actually to astound me, and yet very little in the way of food or drinks had been taken into it from the commencement of the attack, as I was assured by the family and nurse. The same was the effect with the alvine discharges; they were copious beyond anything I have ever seen in like cases. The evacuations from the bowels consisted of large quantities of fæces, intermixed with crude, undigested alimentary substances, and sero-mucous matter. Four evacuations from the bowels were procured by the enema and internal cathartic, and two of them were very copious, while two were free, but not unduly so, and feculent. Vomiting discharged considerable quantities of bile mixed with flakes of mucus, and an extremely dense, tough, and ropy semi-fluid of a mucous character.

It could be perceived at the close of vomito-cathartic commotion, that the tumidness as well as the tenderness of the abdomen had considerably subsided. The woman was now able to turn in bed, and otherwise change the position of her body with less difficulty and suffering, and she certainly complained less of pain, and stated that she felt less of it. The fomentations were laid aside after the third alvine evacuation, and the whole abdomen freely rubbed with pure or mixed spirits of turpentine made a little warm, and then covered with a blistering plaster securely confined with a suitable bandage. At this period the sweating had considerably abated, but the skin was still moist, though unequally so; and whenever quite dry was manifestly unduly warm. The pulse, too, was becoming more active and strong, and the woman complained of some return of abdominal pain, and was more restless. The orifice was again opened—though, I confess, with fearful misgivings, by reason of the alarming syncope from the previous bleeding—first elevating the woman's head and trunk, as far as could be done without causing pain, to enable me to avail myself of the horizontal posture suddenly, should fainting again follow bleeding. I now detracted twenty-three ounces more of blood promptly, which produced faintness, but not complete syncope; and as soon as the woman was placed horizontal, the sweating was renewed. This bleeding reduced the force, as well as the frequency, of the pulse most decisively; and in half an hour after it, the woman fell into a quiet, sound slumber, which continued until she was aroused by the drawing of the blister, supposed by the nurse to have been of three hours duration. The drink chiefly used was cool "pine-tops tea," and the woman was urged to take it freely, which she willingly did. Pounded ice and iced water were also allowed, and freely used as gastric refrigerants, as long as the internal sensation of distressing heat and the thirst continued. The introduction of ice into the stomach, coarsely pounded, effectually and most gratefully relieved that distressing symptom, internal heat. I also applied ice to the os uteri and cervix, as well as to the dry and hot vagina, by introducing pieces,

quite up to the os tincæ, of proper size and form to fill the vagina, as long as undue heat of those parts continued. This last was a most grateful and efficient remedy, and co-operated beneficially with gastric refrigeration.

As soon as the woman was fully awake, I administered twenty grains of calomel, with one-fourth of a grain of tartar emetic, mixed in dry brown sugar, washed carefully from the mouth with pine-tops tea, and swallowed; and had her placed partly on the right side and back, for the reasons already stated. In two hours after the calomel was taken, an active enema of strong saltwater was administered, which, being retained some five or six minutes, procured a slight feculent discharge from the bowels; and it excited considerable irritation about the rectum, that caused the woman to complain greatly, for some ten or fifteen minutes, of tenesmus and straining. As soon as the rectal irritation subsided, the blister was examined, and found to be well drawn in every part of its extensive surface. It was indeed an extensive as well as perfect blister: fully sixteen ounces of serosity were discharged from the blisters, as they were opened. A dressing of soft cabbage leaves was applied to the blistered surface, which, in a majority of instances, should be preferred as the first dressing, by reason of its softness and lightness.

The dressing of the blister, for the first time, took place about the tenth or eleventh hour after my arrival, and the one hundred and tenth of the disease, and in all respects the case had very greatly ameliorated. Very soon after the dressing of the blister was completed, the woman fell into a soft, quiet sleep, which continued three hours, and would have been still farther prolonged but for the operation of the calomel. The bowels acted freely, and the evacuation was of good consistency, as well as of the proper color of feculence, emitting likewise the true feculent odor. With the purging from the calomel, the tumefaction of the abdomen began to subside, and its diminution was so rapid as to be almost perceptible. Several times while observing the tumefaction, during a dejection, I imagined that I could actually perceive it to diminish and subside, and yet there was no expulsion of flatulence from the bowels. All pain and tenderness of the abdomen very soon disappeared after the operation of the calomel, and the woman expressed herself as entirely relieved. The pulse now was reduced to 90 beats in a minute, and was soft and expanded. The skin became moist and of the proper temperature. The respirations were reduced to twenty, and of easy performance. From this period there was progressive amelioration in the symptoms to complete recovery, without the slightest interruption. The blister suppurated freely three or four days. There was no necessity for diaphoretics. To prevent constipation, a moderate dose of aloes, rhubarb and jalap, in the form of a pill, was given nightly, which completely answered the purpose. The appetite returned by the twentieth hour after I saw the woman the first time, and by the fortieth was very keen. There was a slight return of the lochial discharge very soon after the calomel ceased operating, which was about 15 hours from my first visit, and it increased in quantity until the discharge was quite free for one so feeble.

On the third day from my first visit, or the fifty-eighth hour after the first bleeding, there was some fulness of the breasts, and a few drops of milk could be pressed out from them. From this time I discontinued my visits, requesting, however, that I should be sent for immediately, if any thing threatening occurred, or if the convalescence did not proceed regularly; and I learned some weeks afterwards, that the woman had recovered without any accident, and was quite well except somewhat feeble.

Remarks.—The chief importance of the case reported, somewhat in lengthy detail, is connected with the very free employment of sanguineous depletion at so late a period of the disease in its medication; and perhaps in no other disease but puerperal fever would such apparent ultra, bold or rash treatment have been justifiable. It was too evident that the case must speedily end in fatal disorganization of the uterus, peritoneum, and such other organs as might be implicated in the inflammatory process, unless its course could be promptly arrested; and I had in many other cases employed a like treatment successfully, though never in a single instance under circumstances as unpromising. I think it questionable if bleeding alone would have arrested the progress of the inflammation, although its effects upon the pulse, pain, &c., were decisive. The powerful impression made upon the gastro-enteritic mucous surface, so soon after the heart and arteries had been profoundly impressed by the enfeebling operation of bleeding, and on a surface naturally antagonizing the serous, the principal seat of inflammation, was well calculated to produce revulsion from the serous surface, and while secretion was in some degree restored, and the circulation equalizing itself, as manifested by the change in the character of the pulse and the perspiring state of the skin. Prompt and decisive bleeding, speedily followed by an active emetico-cathartic, have in numerous instances arrested the course of this fearful and cruel disease in my hands; and I can confidently recommend the treatment to my brethren of the country, and especially to those practising in healthy situations. My experience leads me to the conclusion, that puerperal fever is always an inflammatory affection; that its tendency is rapidly to disorganize the organs in which it occurs; that it is not a contagious or communicable disease, and that it can be most successfully combatted by the early adoption and rigid and energetic enforcement of antiphlogistic medication.

Prince Edward C. H., February 1851.

Occlusion of the Vagina---Successful Operation---followed by Conception and Delivery.

BY P. C. SPENCER, M. D., OF PETERSBURG, VA.

Mrs. ***, aged 25, fleshy, lymphatic temperament, apparently in good health, came under my treatment in April 1846. She sought relief for an extremely distressing state of the genital organs, which had existed seven years. Upon examination I found complete occlu-

sion of the vagina. When the labia majora, which were perfect, were separated, a firm cicatrix was exposed, which involved and obliterated the labia minora, and occupied the place of the natural vagina. This cicatrix was firm and unyielding, and seriously deformed the parts by the contraction it had produced. In its centre was an orifice with firm edges, feeling, when the finger was placed on it, like the bore in the tube of a key. A probe could be passed a couple of inches along the orifice when an obstruction presented itself. No communication to the uterus existed, and this lady had not menstruated since the accident which led to the deformity. The obstruction of the vaginal canal, notwithstanding this duct, was complete, and that obstruction appeared to consist of a firm, white cicatrix.

The origin of the mischief could be traced to parturition. From her statement it appeared that she married early—gave birth to an unusually large infant in her 17th year. Her labor was tedious and difficult, and, unfortunately, immediately was followed by alarming illness, which served, by diverting the minds of the attendants, to prevent that attention to the state of the genitals, which their tender and lacerated condition required. Sloughing was the result, and accompanying her recovery was the gradual approximation of the vaginal walls, by adhesive inflammation, ultimately terminating in that condition which we have described. In a short time after her recovery the bloom of health faded from her cheek, she became sallow, and complained of great debility. Besides the disease, to be relieved of a deformity so distressing, the patient was prompted to seek aid from the fear that the long-retained menses might ultimately prove destructive to her health. It appeared that at regular intervals she had every symptom of menstruation, without any external discharge.

The case presented some rather novel aspects, and it was evident that a peculiar treatment was required. The vaginal walls were too much distorted, and too much hardness existed in the cicatrix to permit of the hope that dilation, by tents, &c. could be effectual. Such a method, to say the least, would have been extremely tedious, if successful, for only a small sized bougie could be introduced in the orifice, and that only for a short distance. The whole mischief seemed to result from the cicatrix, which by its contractions had served to draw the anterior and posterior surfaces of the vagina together, so that the rectum and urethra were nearly approximated, whilst laterally the canal seemed greatly widened. This state of things forced the external labia apart and exhibited the cicatrix, the smooth surface of which resembled the palm of one's hand. Under the circumstances it was determined, with the patient's full consent, to excise the cicatrix. For this purpose, after evacuating the rectum and bladder, the patient was placed on a table in the position for lithotomy, and with the aid of my friend Dr. J. F. Peebles, by whom I was assisted in this novel proceeding, we proceeded as follows: An elliptical incision was commenced, just below the urethra and carried around the cicatrix, very much in the course and position of the internal labia, which, as we have said, had been obliterated or merged into the cicatrix, terminating at the commissura below. A corresponding incision

having been made on the opposite side, the intervening mass was then carefully dissected out, inclining upwards and rather in front. The mass removed consisted of the hard cicatrix, and was two inches wide and two inches and a half deep. This proceeding completed the operation. We found that by it we had obtained a canal in the direction of the womb, nearly three inches deep, at the bottom of which the orifice above spoken of could be felt and easily dilated by the finger. This circumstance, together with the altered character of the imperforation still existing, led to the adoption of simple dilatation for its further removal. For this purpose, after cleansing the wound and arresting the bleeding, which was very slight, a sponge tent smeared with wax, of suitable size and length, was introduced and kept in situ by appropriate bandages. The patient was kept on her back and the dressing daily employed, each time using the finger as a bougie, to overcome the bands still existing. Some short time after the operation, we requested her to inform us of any symptoms indicating a return of the catamenia: she readily complied, and we ordered an appropriate emmenagogue course with the happiest effects; for at the very next return of her period, much to her gratification, the menstrual flow took place. Gradually a natural mucous surface was formed along the new canal, and in four months from the time of the operation all treatment was abandoned. Our patient was a widow at the time of the operation. She chose to marry, however, a few months after getting out of our hands, and within the course of a year afterwards gave birth prematurely to an infant. Since that time, she having left the state, we have lost sight of her.

For the Stethoscope.

A case of irritable Uterus of four years standing, successfully treated.

Mrs. D. of N. J., about 35 years of age, mother of four children, the youngest five years of age, requested my advice relative to her case—stated she had been a great sufferer for four years; had been treated by several physicians, who had, by the usual treatment and short confinement to bed, given her temporary relief. No sooner out of bed than a return of the usual distressing symptoms—often finding relief by elevating the hips unusually high. There was a constant inclination to make water, which she could only do by sitting flat on the bed or cushion over a flat pan. Her sufferings were frequently so great, from sitting up or walking, that she was compelled to use large opiates. Menstruation regular, but painful; constipated bowels or distended bladder alike produced distress. On examination I found the uterus low; the os tincæ a little enlarged, of a cartilaginous feeling; neck but little enlarged, and excessively painful when touched, and portions of the vagina were likewise very sensitive. Slight febrile paroxysm in the evening, headach and the peculiar feeling of a hair about the tongue. I readily came to the conclusion that it was one of the peculiar cases so accurately described by

Deweese. I made known to her my opinion, and the treatment she must submit to, as the only hope of relief. To this she readily consented, remarking, "Death would be preferable to a life of suffering." The course of treatment, as recommended by Dr. Dewees, was steadily pursued for seven months; a rigid diet, cupping over the pubic region, leeching the vagina, occasionally a poultice or blister, mild and soothing injections, and finally a small pessary, and she was enabled to move about the house with much less inconvenience than she had done for four preceding years. It has been some months since I saw her, but I learn she is doing well.

R. H. P.

Portsmouth, Va.

For the Stethoscope.

The Looseness of Modern Medical Writing.

There is, at the present day, great looseness in much of our medical writing, especially in this country, which is by no means creditable to the profession, and ought to be corrected. Even in the use of some of our *common* terms, there is an indefiniteness, which renders the sense obscure, and impairs the value of much which would otherwise be useful.

I was particularly struck with this, in reading some portions of the report of the committee on practical medicine, made at the last meeting of the American Medical Association; and in no part more forcibly than in the general conclusion at which the committee arrived, on the subject of the contagious or non-contagious nature of cholera, in the following words: That "cholera is portable, but not contagious; that it is dependent for its *accidental* power, rather upon density of population and personal uncleanness, than upon any other causes. An atmosphere highly charged with *emanations from living* bodies seems to be the chief *stimulant* to the *choleric influence*. Next to this, the most powerful auxiliaries seem to be habits, passions, and food of a depressing character; whilst the influences of every kind, which usually determine the blood to the intestinal surface, give to the *diseased-agency* its most dangerous *direction*."

In most of this paragraph there is an obscurity and vagueness of language, which makes it difficult if not impossible to comprehend the meaning of the writer. He speaks of the "cholera" being portable—shewing that he considers it a something capable of being transported to a distance, either, I suppose, in the bodies or clothing of individuals, or in the atmosphere within or about vehicles, which go from an infected into an uninfected town or district. He then speaks of "*emanations from living bodies*," as the "chief stimulant of the choleric influence." This is clearly an admission that these emanations contain the genuine cholera poison, how or from whatever source it may be generated. But what is meant by an atmosphere charged with this poison, in other words, the poison itself, *stimulating the choleric influence*? What is this peculiar influence? Is it intended

to imply that there is some principle, apart from the cholera poison, generated or already existing in locations where cholera breaks out, influencing living bodies and bringing them into a condition of *susceptibility* to the action of the poison; or, that the influence spoken of is the susceptibility itself, generated by some occult cause in bodies subjected to its influence? Or does the writer mean that the language is to be taken literally, and there really exists some undefined material or essence, which he designates as "choleric influence," and which, being *stimulated* into activity by "emanations from living bodies," becomes the agent in producing the disease? That the writer had some definite conception of the meaning he intended to convey by this language—sanctioned, as it is, by the committee—cannot, or ought not, I suppose, be doubted, but he surely ought to have taken more pains to convey it in a plain and intelligible form to his readers.

Towards the close of the paragraph, the writer speaks of the "diseased agency" receiving its most dangerous *direction* from the "various influences which determine the blood to the intestinal surface;" including also, doubtless, the stomach. Now, as far as I know or ever heard, this surface is the part to which the disease is in all cases *directed*, whether in its milder or more dangerous form. The language, however, is smooth and pretty; and, I suspect, the writer jeopardized the sense to the desire to finish off a rotund and flowing sentence.

In pointing out the cause or causes of disease, it is not uncommon of late to find the *remote* or *predisposing* spoken of as the *exciting* cause, and the exciting as the *proximate*. Thus the poison of small-pox is said to be the exciting cause of that disease—marsh miasma of bilious fever, and the presence of a foetus in utero is made the *proximate* cause of puerperal convulsions, &c. This practice is altogether inexcusable, when so little attention is necessary to correct it.

It may not be out of place to give a short explanation of the several links in the chain of causes, engaged in preparing for or bringing on disease, adopted in the early ages of the profession, and not since improved on. They are, the remote or predisposing, the exciting and the proximate. The last might be dispensed with, as it is defined to be the "*morbis ipse*," and therefore cannot be a *cause of itself*, but it has been retained by common consent, and is well understood. The office of the remote or predisposing cause is to bring the whole or some part of the system, slowly or rapidly, according to its intensity or the resistance it meets with, into a condition which the old writers called *disposition* to take on diseased action. The exciting cause then being applied to the part or parts so disposed, the *morbis ipse* is lighted up, and the three links in the chain thus become complete.

B.

[The justness of the criticism of B. will be readily conceded by every reader of our medical periodicals. A little more attention on the part of reporters of cases, would make their papers much more valuable. We frequently see communications in the journals, which are nothing more than announcements that the reporter had treated them. If the diagnosis, progress, treatment or termination of a

case is interesting or novel, then the practitioner in whose hands it occurred owes it to the profession to report it—but the report is not worth the room which it occupies, unless the reader can learn from it *the points of interest*. Writers should study to give briefly, though concisely, *all* the circumstances which could possibly be instructive or interesting to a reader. How often, after reading the history of a disease, do we have our curiosity excited on many points of absolute importance, but which the writer entirely forgot to notice. These remarks are called forth by the fact that we have received several reports which are valueless, and cannot be published on account of the meagreness of the details, and the absence of facts essential to their interest. Elegance of composition we consider of secondary moment, but accuracy of observation and clearness of description are absolutely necessary in matters of science.—ED. STETH.]

Medical Duties and Observations.

Mr. Editor—The possibility of my offering a few suggestions of practical utility to my professional brethren, and particularly the junior members of the profession, induces me to send you a few lines for the pages of your valuable journal.

We would then first direct attention to the consideration of the physician's duty on his first visit to a patient. Before instituting any plan of treatment, he should direct his enquiries to the "history of the case"—the sex, age and previous condition of the patient, his or her location and occupation, the degree of nervous impressibility, and susceptibility of the system to the action of medicine, the duration and particular stage of the disease at the time he is called, the constitution and strength of the patient, the probability of any modifying influences, giving to the disease a peculiar character, whether epidemic, endemic, or other agencies that may possibly have exerted a morbid impression upon the animal economy.

In the next place he should not forget that, as a general rule, the safest, most philosophic and successful course to pursue, in the administration of remedial agents, is to treat the disease upon general and scientific principles, practising, according to indications, the varying condition of the patient, and the mildness or malignity of the malady; that the sanative or curative properties, or rather *influences*, if medicinal agents are not *positive*, but entirely *relative*, and that to effect a cure they must be administered with direct reference to the peculiar circumstances of the case. Hence they may exert a salutary or deleterious agency, according to the degree of *enlightened* judgment exercised in their employment; and I would offer the following as a medical maxim, that the *indiscriminate* employment of remedial agents is the dictate of neither science, philosophy, reason nor humanity, and that only the intelligent, the discriminating and well-educated mind is qualified for the assumption of the responsible duties that devolve upon the practitioner of the "*ars divina*," or healing art. From the above observations, the deliberate expressions of (I think) enlightened

conviction, the deduction may be very logically made as to the light in which I regard every species of empiricism and quackery in medicine, which is generally suggested and practised in perfect accordance with the promptings which "the love of money" excites, patronized and sustained by the ignorance and blind credulity of the people. In reporting any case for the edification of the profession, the writer should not call any medical authority to his assistance in order to "make up" the diagnosis of a disease occurring in *his* section of country, but should describe the phenomena as *he* observes them, and not conclude that, under the modifying circumstances of other localities, it may not present diversified phenomena, indicating a corresponding modification of the remediate treatment. In procuring a collection of facts as the preliminary step to the construction of any medical theory, the following rules should be strictly and constantly observed:

1. That *all* the *facts* be clearly ascertained, introducing none but those derived from rigid experience and close observation, and receiving only such as are well authenticated by the testimony of observers fully competent to judge of their accuracy.
2. That a fair, full and comprehensive view be taken of all the facts connected with the subject, modifying or disguising none so as to make them bear upon a particular theory.
3. That we omit nothing that is *essential*, and include nothing that is irrelevant or incidental, being careful, at the same time, of the *post hoc* and *propter hoc*.
4. And lastly, that we do not admit as *facts* assertions which are *not* facts, but mere *opinions* or gratuitous assumptions. Many minds are in the habit of drawing sweeping or general conclusions from one or two facts. The statements of such should be received with a great deal of caution, for they are not reliable authors, being liable to self-deception. In conclusion, I would remark, that an intelligent, free agent should never yield a cowardly subscription to the *ipse dixit* of any writer, nor float passively in the current of popular opinion. The bold, original, independent mind bursts asunder the restraints of usage and the bonds of fashion, and, like the soaring eagle, proudly mounts above the dogmas and clouds of ignorance and prejudice that enshroud the dependent *parasitic* mind. In medicine we should have no hobbies, no predilections, no obstinate partialities for this or that remedy exclusively, and independently of all modifying circumstances and contra-indications.

J. L. D.

Oak Grove, Va., February 20th, 1851.

Rushton's Cod Liver Oil.

Mr. Editor—It seems that in a preceding number of your journal, you gave the results of some experiments made before the Medical society, testing the purity of the different kinds of cod liver oil which are offered for sale in this city—the test used was nitric acid. The result was calculated to cast suspicion upon the purity of that manufactured by Rushton, Clark & Co. These gentlemen have asked at

your hands a fair trial, and at your request I have submitted their oil to the test used before the Medical society. The oil was furnished by their agents, Messrs. Purcell, Ladd & Co., and was said to be genuine.

1st. When one part of strong nitric acid was added to five parts of the oil, that portion in contact with the acid assumed a *bright red* color. Upon being shaken, the whole became of a dark red or brown color. The mixture was then set aside, when, after the lapse of half an hour or more, it assumed gradually a brighter red, and finally remained of a *deep orange* color. This I repeated several times, the oil in every case finally assuming the last named color.

2d. When nitric acid was added to whale oil, or a mixture of whale and cod liver oils, the bright red color, as observed in the experiment with the unmixed cod oil, appeared, but when shaken assumed a *black* color which it retained.

3d. When nitric acid was added to pure lard oil, and the two shaken well, and allowed to stand several hours, the whole assumed a dark clouded appearance. When the acid was added to a mixture of cod liver and lard oils, the resulting color was a much darker red than when the unmixed cod liver oil was used.

4th. When nitric acid was added to olive oil, it became of a light greenish color, and finally, losing the greenish tint, becoming *slightly* clouded dark.

When the acid was added to a mixture of this oil and cod liver oil, the ultimate color was deeper than when the unmixed cod oil was used, intermediate between that produced upon the pure cod liver oil and that upon a mixture of lard and cod liver oils.

You may draw your own conclusions, Mr. Editor, as to the purity of the cod liver oil furnished. There certainly was a marked difference in the color produced by the action of nitric acid upon the cod oil and upon a mixture of this with any of the oils used. The light orange or salmon* color, spoken of by some as a resulting color, did not make its appearance. I have not tested any other oil than that of Rushton, Clark & Co.

The question now arises as to the value of nitric acid as a test: It certainly is, in my opinion, (assuming the oil I used as pure,) a test by which any adulteration with whale or lard oils to any extent may be readily detected; the difference in the color produced by its action upon the olive and cod oil mixed, and upon the pure cod oil, is not so well marked as to be readily detected by an inexperienced person, without having a sample of the pure oil with which to compare it.

It seems to me that, by ascertaining the specific gravity of the pure oil, any admixture of other oils might readily be detected, as its specific weight would vary according to the adulteration; by the nitric acid test we might detect some, and by the specific gravity test others.—It may be said that the specific gravity of the genuine oil itself varies according to the skill of the manufacturer in purifying it. To this I answer, that unless some standard of purity shall be adopted, it will be impossible to prevent its adulteration.

M. P. SCOTT.

CORRECTION.

In my article on the catoptric test, (see March No.,) I observe a strange confusion occurring in the report of the case, p. 139. It should read thus:

"J. F—— has been blind in the *right* eye, &c."

After the description of the opacity of the right eye, read:

"The two erect images can be seen distinctly following the motions of the candle. The inverted image is entirely obliterated."

On page 138, line 14 from bottom, instead of "the two first and second," read "the first and second."

I omitted to mention that the enlargement of the pupil by belladonna or stramonium greatly facilitates the observation of the images. Dissolve a little of the extract of one of these substances, say about the size of one-fourth of a split pea in half a teaspoonful of water—put a few drops in the eye about half an hour or an hour before examination. When the pupil is enlarged, take the patient in a dark room and hold the clear flame of a candle a few inches before the eye. Move the candle from side to side very slowly, and look beyond the image usually seen depicted on the cornea, and with a little patient watchfulness you will discover the other two images. If you will hold up the fore finger and middle finger of your left hand before your own face, and pass the little finger of your right hand between them with its point downwards; then move the two fingers of your left hand in one direction and the little finger of the other in the opposite direction, you will have a very good representation of the relative sizes, positions and motions of the three images in a healthy eye.

The editor of the Stethoscope will please make the above corrections and additions, and oblige

Yours very truly,

J. BOLTON.

EDITORIAL AND MISCELLANEOUS.

We had intended in the present Number to follow up the few observations made in our last, on the very important subject of state organization. Since then, however, the subject has been taken up in the Medical Society. All seem to be of one opinion as to the importance of doing something towards advancing the interests of medical men, but the plan which will best carry out the high objects in view has not been yet sufficiently matured for any action to be taken on it. The whole subject is in the hands of a committee, at the head of which is an able and energetic gentleman, and we forbear to enter into the subject until it reports. We have no doubt but that the committee will digest and report a scheme which will prove satisfactory to all who take any interest in their profession, and which will be successfully carried out by the physicians in the state. We know enough already of their abilities and their feeling of state pride, to be well convinced that they have every requisite to place medicine in Virginia in as proud a position as the Virginia bar has so long enjoyed.

We call the attention of medical students to the advertisement of the summer course of lectures at the Medical college in this city. We are not sure but that it is the most instructive course which students attend, for there is ample time to read on and study the subject mat-

ter of each lecture before another comes on. The smaller size of the class renders quizzing and conversational instruction more frequent and useful, as well as the bed-side of the patient less crowded—and lastly, those allurements to society and the gaiety incident to the winter season in our city do not exist, and the student is more inclined to prepare himself for the winter course and an easy graduation.

Exchanges.

Our table is covered with the Medical Periodicals of the month. In addition to those already announced, we have received the following, in exchange:

The British and Foreign Medico-Chirurgical Review. This sterling quarterly is re-published by Messrs. Wood, 261 Pearl street, New York, at \$3 per annum.

The Dublin Medical Press, up to March 6th. This is an excellent weekly, and may be styled the Irish Lancet. It notices us and copies an article.

The New Hampshire Medical Journal, Concord, N. H., edited by Dr. ED. H. PARKER. The February No. gives Dr. Mattson a rub for his "arrant quackery," in circulating among the professional, secular and religious public, his pamphlet on "The Curability of Consumption." Dr. M. has been handled rather roughly by several others.

The St. Louis Medical and Surgical Journal, a capital bi-monthly, edited by an able corps of gentlemen, viz: Drs. LINTON, MOORE, MCPHEETERS and JOHNSON. The Number for January and February, opens with a strong review of the opinions of the London doctors, who have been preaching a crusade against the speculum vaginæ, from the pen of Prof. PALLER, formerly of this city, but now professor of obstetrics in the St. Louis University.

The Ohio Medical and Surgical Journal for March has been received. Its spirited editor, Dr. R. L. HOWARD, announces his intention of leaving the United States immediately, on a visit to the schools and hospitals of the old world. We envy his happy lot, and hope that he will enjoy a prosperous voyage.

We can but feel elated and flattered by the high stand and character given by the medical press of the Union to our work. The large amount of matter which it contains, and the low price at which it is

published, have been remarked by all our confreres; and the highest compliment that could be paid to the contributors of the Stethoscope, is the fact of so many of their articles having been copied. For the very general and undeserved compliments from the secular press, we are much obliged. The subscription list is rapidly increasing, and the circulation is extending well in other states. Some allowances must be made for our faults, as the enterprise is yet in its infancy, and the editorial department cannot command the entire attention of the editor.

Close of the Session of the Richmond Medical College.

The ceremonies of commencement of the medical department of Hampden Sidney college took place on Friday, 14th inst., in the presence of a numerous and brilliant assembly. After the opening prayer by the Rev. Mr. Woodbridge, Prof. Maupin announced the following gentlemen as having passed an examination, rendering them worthy of the doctorate, and the degrees were conferred by the Rev. W. Green, president of the college:

Homer L. Anthony,	Pittsylvania,	Puerperal Fever,
George M. Bowen,	Culpeper,	Inflammation.
Wm. Burke,	Richmond,	Diseases of the Chest.
Patrick H. Cabell,	Richmond,	Fracture.
Daniel S. Evans,	Campbell,	Variola.
Samuel C. Gholson,	Richmond,	Puerperal Fever.
Meriwether Lewis,	Essex,	Fever.
John G. Lumpkin,	Hanover,	Hernia.
John K. Marable,	Halifax,	Electricity.
Wm. McGwigan,	Isle of Wight,	The Pulse.
David McQueen,	Richmond,	Neuralgia.
Thomas B. Miller,	Summerville, Tenn.	Hysteria.
Samuel Nicholson,	Sussex,	Hernia.
Robert F. Page,	King & Queen,	Rheumatism.
Albert C. Pleasants,	Richmond,	The Heart.
Wm. A. L. Potts,	Pennsylvania,	Bronchitis.
P. K. Reamey,	Henry,	Dislocations.
Quintus A. Snead,	Goochland,	Intermittent Fever.
Wm. O. Snelling,	Chesterfield,	Remittent Fever.
John D. Stuart,	Patrick,	Hæmorrhage.
Adol's B. Sutherland,	Richmond,	Adult Circulation.
Robert P. Toney,	Franklin, N. C.,	Pleuritis.
Alfred B. Tucker,	Winchester,	Hernia.
Jos. C. Vaiden,	James City,	Pleuritis.
John B. Walthall,	Southampton,	Pneumonia.
Thos. J. Wooldridge,	Chesterfield,	Pneumonia.

Honorary Degree—Edward D. Kernan, Russell county, Virginia.

It was then stated that the number of candidates for the gold medal was five—each one handing in an essay of considerable merit. Two of these, one signed Faustus and the other Stethoscope, evinced such equal claims for reward, that it was found difficult to judge between them. The decision, however, was in favor of Faustus, whose real name proved to be Thomas B. Miller of Summerville, Tenn. Dr. Green presented the medal, and addressed the successful candidate in appropriate and moving terms. The proceedings were closed by a beautiful valedictory on the part of the faculty, delivered by Dr. C. P. Johnson.

At night the graduates, together with the faculty and many professional gentlemen, partook of a sumptuous entertainment at the hospitable mansion of Professor Maupin.

SOCIETY OF ALUMNI.

The annual meeting of the Society of alumni of the medical department of Hampden Sydney college, was held in the chemical hall of the college, on Thursday evening, March 13th. The president, Dr. C. P. Johnson, in the chair.

The graduates of the present year were then severally elected members of the society. After which Dr. A. E. PETICOLAS delivered the regular annual address, which was chaste, well written, and did high credit to the orator. A vote of thanks was returned to Dr. Peticolas.

The society then adjourned over to the afternoon of the ensuing day, when most instructive and creditable essays were read by Drs. J. W. Walke of Chesterfield, and George B. Dillard of Spotsylvania, to whom the society tendered a unanimous vote of thanks.

The election of officers resulted as follows: Dr. P. C. Gooch of Richmond, President—Dr. J. W. Walke of Chesterfield, 1st Vice-President—Dr. E. Powell of Goochland, 2d Vice-President—Dr. W. E. Wilson of Richmond, Corresponding Secretary—Dr. A. E. Peticolas of Richmond, Recording Secretary—Dr. Wm. T. Taylor of Henrico, Treasurer.

Dr. Isaac T. Forbes of Fluvanna received the appointment to deliver the address, and Drs. W. T. Taylor and Carthon Archer of Henrico, to read essays at the next annual meeting.

The following gentlemen were chosen by the president to represent the society in the American Medical Association of 1851, which assembles in Charleston, S. C., on the first Tuesday in May: Dr. C. P. Johnson, Dr. A. E. Peticolas, Dr. J. W. Walke, Dr. W. T. Taylor, Dr. L. B. Anderson, Dr. J. T. Forbes, Dr. S. C. Gholson, Dr. J. G. Lumpkin, Dr. Wm. Burke.

To these was added, by a vote of the society, the president, Dr. P. Claiborne Gooch.

On motion, *Resolved*, That hereafter all persons admitted as members of this society shall be required to pay an initiation fee of one dollar.

A. E. PETICOLAS, *Secretary*.

Medical Society of Virginia.

The meeting on March 18th was very well attended by members and visitors. A number of gentlemen were elected to membership and some twenty nominations made.

The report on anæsthesia was then read and made the subject of discussion for the next meeting, April 15th.

Several resolutions were adopted, among which are the following :

“That the delegation to the American Medical Association be instructed to tender an invitation to that body, in the name of the Medical Society of Virginia, to hold its next annual meeting in Richmond.

“That the president be invited to deliver an address to the society at its annual meeting in May next.

“That a committee of three be appointed to enquire into and report on the expediency of building a hall for the use of the society.”

The new form of the diploma was read and approved, and the committee discharged.

After the transaction of some other business of local importance, the president announced the names of the delegates to the American Medical Association, and the secretary was directed to prepare their credentials and forward them to Charleston, where delegates will find them on their arrival.

The following list of delegates to the American Medical Association has been furnished us. It is expected that all will attend, but an alternate who is present will take the seat of any absent delegate :

From the Medical Society of Virginia,

Dr. Rob't W. Haxall, (president),*	Dr. Landon Rives,
Wm. A. Patteson,	Walter F. Jones,
Beverley R. Welford,	Jno. Prosser Tabb,
G. Lane Corbin,	H. C. Worsham,
P. Cl. Gooch,	James Beale,
M. P. Scott,	George F. Terrill.

ALTERNATES.

Dr. J. Spottswood Welford,	Dr. A. T. B. Merritt,
C. S. Mills,	G. G. Minor,
Jno. N. Broocks,	Jno. R. Walke,
F. W. Roddy,	L. B. Anderson,
Wm. D. Meriwether,	Tho's E. Cox,
W. W. Parker,	J. J. Thweatt.

* Appointed by the society.


From the Medical Department of Hampden Sydney College.

Professors L. W. Chamberlayne and D. H. Tucker; Alternate, C. P. Johnson.

Medical Department of Randolph Macon College.

Professor Jno. P. Mettauer.


[Other constituent bodies will please forward a list of their delegates for announcement in the May No.]

 We are requested by the editors of the *Charleston Medical Journal and Review*, to correct an error which crept into their January Number. It stated that the American Medical Association meets on the *second* instead of the *first* Tuesday in May.

Notice to Correspondents.

Communications have been received from the following gentlemen, but too late for the present Number :

Drs. T. J. Garden, L. S. Joynes, T. J. Young, D. T. Martin, R. E. Jennings, Wm. M. Broocks.

 Articles intended for publication *must be written on only one side of the paper*, and should be received by the 10th of the month to secure a place in the next number.

The Prophylactic Treatment of Puerperal Fever.

By JOHN P. METTAUER, M. D., L. L. D., *Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College of Virginia.*

The practical views communicated through this paper, have been entertained by the writer now more than twenty years, and the lapse of time since their adoption, has fully confirmed their utility, if not their correctness. Puerperal fever has ever been a disease profoundly interesting to him, but circumstances early transpired to render it painfully so; and he owns that it was a heavy domestic bereavement, that gave the first impulse to the reflections which lead him to adopt the mode of treating this cruel disease, about to be presented through this paper. In his early intercourse with puerperal fever, he had to deplore occasionally the inefficiency of the established modes of treating it. In some cases, although early and actively treated, after the disease had formed, it pursued its course obstinately to a fatal termination, defying medical interposition, seeming only determined to sever the tenderest ties of the dearest of human associations.

It will not be necessary to premise a history of puerperal fever, as introductory to the practical remarks about to be presented. Nor

need I state anything farther in relation to the nature of the disease, than that I regard it as inflammatory, although it varies much in the intensity of the phlogosis with which it is attended in different cases. The numerous post mortem examinations in fatal examples of the disease, conclusively establish the inflammatory nature of it, even if the symptoms during life fail to do so. Upon this point a majority of the profession are united in opinion; and I will add, that the method of treating puerperal fever, about to be described, and pursued by me for more than twenty years, was deduced from my unshaken belief of its inflammatory nature. It would be easy to shew that pregnancy and parturition, are succeeded by conditions of the organs implicated chiefly in those processes, and which are the usual seats of the local affection of the disease, which predispose to inflammation in other organs. A state of inaction and debility, with more or less suspension, or perversion of the functional exercises of the organs concerned in pregnancy and parturition, succeeds delivery in every case, in greater or less degrees of intensity. Contusions, overstrains, or over-distension from any cause; surgical operations, undue irritation, or excitation of an organ, or from suspension of vital action for a time, as from the operation of inordinate pressure, or low temperature upon a part, all induce a like condition; and this state, it is reasonable to suppose, predisposes to the inflammations generally following the operation of such causes; and it is well attested that they do result, in a very large majority of instances. After pregnancy and parturition, the uterus, and its appendages, the peritoneum, and the abdominal organs generally, are left in a state of inaction, debility, and, to a certain extent, are actually collapsed. While in this condition, the functional exercises of the implicated organs are more or less disturbed, perverted, or perhaps suspended; and it is this state, which, if profoundly impressed upon the organs, or too long continued, that predisposes to puerperal inflammation or fever. Other causes may co-operate, in some cases, with that post-parturient collapse of the organs, such as contagion, or a predisposition to some other disease, especially typhoid, typhus, and eruptive fevers, erysipelas, rheumatism, catarrhal fever, and some others, in the causation of puerperal fever. But the debility and inaction of the organs concerned in pregnancy, and consequent perverted secretion, seem to be the intimate predisposing pathological conditions of the disease; while the others are to be regarded as adventitious or incidental, differing essentially, too, from those occasional causes that often induce the disease, as inciting or producing agents. In some instances, puerperal fever has come on without the known operation of an exciting cause. In those cases it is probable that the predisposing condition was so profoundly impressed upon the organs, as to act also as an exciting cause, nay, to constitute the initial stage of the disease. A majority of cases, however, result from exposure to variable temperature, or from catarrhal irritation or colds. Any disturbing cause, capable of inducing fever or diminishing general secretion, may, and often does operate as an exciting cause of the disease when there is pre-existing predisposition to it. It is not unusual for the too early use of solid food of stimula-

ting qualities, alcoholic incitants, conversation, or premature undue exercise of the body or mind, to cause puerperal fever; and in such cases, there doubtless must have been pre-existing predisposition to the disease. The region of country from which the facts supporting the views presented through this paper are drawn, has not afforded a solitary case of puerperal fever that could be traced to contagion as its cause; nor is it believed that such a cause ever does induce the disease in this section of country; and yet numerous cases have occurred, in which the disease was marked by the characteristic symptoms during life, and the usual anatomical appearances after death. Contagion, nevertheless, may, and doubtless is, to be regarded as a cause of puerperal fever under fit circumstances, such as may arise in cities or other situations favorable to the generation of idio-miasm, and its propagation from individual to individual in the causation of the disease in question.

In considering the prophylactic treatment of puerperal fever, it will be proper to examine it under the following heads, that is:

I. *Purging in a few hours after delivery.*—This will be demanded when parturition has been protracted and attended with great suffering, or when the latter period of pregnancy has been distinguished by those symptoms which indicate a morbidly impressible state of the uterus and its appendages, as well as of the contiguous organs that are usually involved in the processes of pregnancy and parturition. In some cases the last month, or the closing period of it, of utero-gestation, is attended with undue restlessness; uneasiness, or tenderness of the abdominal wall; a feverish disposition, with or without thirst; a furred tongue; impaired appetite; frequently sick stomach and vomiting; constipation or diarrhoea; sleeplessness; occasionally delirium; and some other symptoms, indicating an unusual degree of irritation. Occasionally, too, these examples of labor are attended with a preternaturally warm or cool state of the liquor amnii, discoverable as that fluid escapes from the ruptured membranes, and a correspondingly warm or cool condition of the uterine surface. The pains and suffering of parturition in such cases are generally more intense and distressing, and the woman experiences less of the customary sanguineous discharge than in ordinary labors, as well as more exhaustion after delivery has taken place. In a case thus circumstanced, it would be necessary to purge in three or four hours after delivery, nay, sometimes sooner, especially if there is more abdominal tumidness than usual; and the cathartic I have most frequently employed, is that supplied by the annexed formula:

R. Aloes Socot.,	-	-	-	-	gr. vii.
Scam. Alep.,	-	-	-	-	gr. v.
Calomel,	-	-	-	-	gr. viii.
Ipecacuanha,	-	-	-	-	gr. i.
Water S. Q.					

Make the mass into four or five pills for a dose.

This compound may be administered in the form of pill or powder. The earlier purging is effected in these examples the better. In

some instances I have exhibited the cathartic before the delivery of the secundines, when symptoms of threatening character existed; and, in all such cases, the action of the cathartic should be quickened by the employment of purgative injections, repeated after intervals of an hour, until the bowels are impressively purged, commencing with the enema in two hours after the administration of the purgative dose, and to enjoin it upon the woman to lie chiefly on the right side, until the medicine passes from the stomach. The cathartic above advised, has uniformly met the indications in the cases in which I have employed it; and has, as constantly, operated without distress of any kind to the patient, while its action has been impressive and secernent. It seldom fails to procure copious, consistent, and feculent discharges from the bowels; and rarely ever operates too freely. Other cathartic substances, of like qualities, might be employed in these cases, and with equal benefit; but, the compound here presented, having so constantly met the indications, I have not been willing to modify, or substitute it, by the employment of other means in the examples now under consideration. If the first dose fails to procure full and feculent discharges, the remedy must be repeated in eight or ten hours. In these cases, the treatment should be continued until every threatening symptom disappears; and, in a majority of instances, a single dose or two will accomplish it. The bowels must be kept soluble during convalescence, by the use of any mild aperient. Magnesia taken at bed-time, in teaspoonful doses, has often maintained the bowels easy. In some cases, I have employed a pill composed of aloes, jalap, and colocynth in powder, just in doses to act moderately, and with the best results.

As an auxiliary means of treating these examples, it will be useful, if the skin is dry, to use grain doses of ipecacuanha, once or twice of a night made into pill, until that state is corrected. It will also be safe to employ some diuretic, and the infusion of "pine-tops," I have uniformly preferred, if the stomach did not loathe or reject it. Taken cool, the tea is not unpleasant; nay, with many it is grateful, being acid, and not very strongly terebinthinate in taste, and it is decidedly diuretic in its action with the economy. Restrictions on diet will of course be necessary, as well as on the deportment of the woman generally, while a morbid impressibility, or liability of the system to inflammation exists. In a vast number of cases, marked too, in many instances, by symptoms of the most menacing character, the simple treatment here briefly pointed out, has been employed by me with unvarying success. In not a solitary instance, in which I adopted it, has puerperal fever resulted; and there is not a doubt that most, if not all of the cases, would have eventuated in that terrible disease had it not been employed. If it would render this paper more useful to my brethren, I could append numerous cases to it, with the details of their treatment; but such an appendage would only lengthen, without adding to its value. In confirmation of the value of the treatment here advocated, as far as a solitary case can do so, as well as of the efficiency of the purgative, I will state that a highly intelligent physician of a flourishing town of Virginia, employed

it in an extremely threatening case, some years since, at my suggestion—being at the time myself on a visit to him, and with complete success. The lady, who was intelligent, and of a highly cultivated mind, as well as her intelligent husband, who was a well-educated physician, as also the attending physician already referred to, were equally struck with the effects of the cathartic, both as to its curative efficiency, and pleasant and painless operation upon the bowels.

II. *Purging more remotely after delivery.*—When the signs indicative of predisposition to puerperal fever are less urgent or threatening, and when the labor has not been distinguished by grave abnormal concomitants, purging may be deferred some ten or twelve hours after delivery, or until the succeeding morning; and then the cathartic already suggested will be found to meet the indications as perfectly as in the preceding description of cases. Occasionally I have employed a cathartic pill, composed of aloes, jalap, and colocynth in powder, according to the annexed formula, and with the best results:

R. Aloes Socot.,	-	-	}	-	-	-	gr. viii.
Jalap, Rad. Pulv. a. a.,			}	-	-	-	
Colocynth, Pulv.,	-	-	-	-	-	-	gr. iii.
Water S. Q.							

Make into three or four pills. From one to three to be taken at a time.

This compound, however, is better suited as an aperient, unless taken in doses of three or four pills, which then might nauseate, or produce higher cathartic effects; it is very well adapted to the sequel of the examples we are considering, after sufficient purgation with the first described pill, merely to maintain the bowels soluble, or to excite them in some moderate degree, from time to time. When labor has been somewhat protracted, and more painful than usual; and, especially, if considerable hæmorrhage has followed the expulsion of the secundines, it would not be safe to depend on this pill. In such cases, the first described pill should be preferred, and its action must be hastened by the use of enemata, as was advised in the first description of cases, and by position of the body on the right side for an hour or two after the medicine is taken. The presence of undue abdominal tenderness, will also indicate the necessity of employing the first described pills; and the remedy must be repeated daily until the case ameliorates. The bowels should be maintained soluble; and if the pills of this second formula are too irritating to the stomach or bowels, as will sometimes be the case, the annexed formula may be employed:

R. Aloes Socot.,	-	-	-	-	gr. ii.
Jalap, Pulvo.,	-	-	-	-	gr. iii.
Rhei. Pulv.,	-	-	-	-	gr. iv.
Ipecacuanha,	-	-	-	-	gr. i.
Water S. Q.					

Make two or three for one dose.

These pills operate mildly, and produce both aperient and diaphoretic effects. These should be taken at ordinary bed-time, and if not

active enough, an enema may be employed the succeeding morning. As was advised under the first head, should the skin be dry, it will be necessary to employ grain doses of ipecacuanha nightly, and combined with the bi-carbonate of potash and rhubarb, according to the annexed formula :

R. Ipecacuanha,	-	-	-	-	gr. v.
Bi-carb. Potass.,	-	-	-	-	gr. x.
Rhub. Pulv.,	-	-	-	-	gr. xii.
Water S. Q.					

Make five pills—one the dose.

One of these pills may be taken at 9 o'clock, and again at 12 during the night; if it is deemed very important to act upon the skin generally, a single pill, at ordinary bed-time, and at 10 in the forenoon, will meet the indications.

When the lochial discharge is defective, or suspended, besides cathartics, it will be necessary to have recourse to a terebinthinate liniment, over the hypogastrium and loins, formed according to the annexed formula :

R. Spirit Terebinth. Ten.,	-	-	-	-	℥ j.
Adep. Sul.,	-	-	-	-	℥ vj.

Mix and keep in a wide mouth jar.

This liniment may be freely applied twice daily, until the lochial discharge re-appears, both with the cases under this head, as well as the first. Usually, purgation restores general secretion promptly, and the lochial discharge now re-appears after that change takes place, without resorting to the turpentine. Care should be taken not to put the child to the breast for some hours after the application of the turpentine, or it may be rendered sick by the action of the terebinthinate upon its economy, through the milk of the mother—convulsions may even follow. The diet should always be restricted, and every thing carefully guarded against that tends to induce fever or inflammation after delivery.

III. *Purging in all cases after delivery.*—This has been my custom for many years, believing that women are more or less predisposed to puerperal peritonitis and fever, in every case after parturition. In twelve hours after delivery, I invariably order a cathartic, mild or otherwise, no matter how favorably situated the case may be ; and I believe that many cases, nay, I might with propriety say all, have been benefitted by the practice more or less. I think it very probable that attacks of puerperal fever have been warded off by it, when a predisposition to the disease was not suspected. Certainly the practice greatly ameliorates the condition of the breasts during the setting in, and early periods of lactation. It also guards patients against certain cutaneous and other irritations, frequently consequent upon parturition. I have little doubt that it has prevented phlegmatia dolens in many instances ; and I am led to this conclusion, from the fact, that no cases of this painful disease have occurred in my practice since it was adopted. Patients, however, are often unwilling to sub-

mit to it after delivery, when, as they express it, they "feel so well." And, in some cases, females entertain such a horror for medicine, that they will incur the danger of an attack of puerperal fever, rather than consent to take a cathartic, when they do not feel really sick.

It must not be supposed from the preceding remarks, that I have not met with cases of puerperal fever since the prophylactic treatment I have advocated in this paper was adopted by me. On the contrary, I have treated many cases in the various stages of the disease; and I would state, country practitioners are peculiarly liable to meet with it somewhat advanced, by reason of the uncertainty of the true nature of the symptoms which mark the early periods of its progress, and the consequent delay in calling in medical aid. But I have never met with an instance of it following labors managed by myself, since the adoption of the prophylactic treatment I am advocating, with females who submitted to such treatment. Puerperal fever is a formidable disease, has brought grief and sorrow into many a happy family, by reason of its intractable nature and rapid tendency to end fatally; and any innovation upon the plans of treating it, now generally adopted by the profession, would be justifiable; and should the plan I have proposed possess no other merit, it will at least shew that I have not regarded this cruel disease with indifference, and that I have made an effort, though feeble, to disarm it of its difficulties as well as its dangers.

In conclusion, I would earnestly call upon my brethren as medical men, and as the friends of suffering females in the trying hour of childbirth, to give the prophylactic treatment of puerperal fever, briefly described in this paper, a trial; and if it shall prove as successful in their hands as it has uniformly done in my own, I shall feel more than repaid for the time and trouble it has cost me in the preparation of this paper.—*Charleston Med. and Surg. Journal.*

Tumor of the Neck of extraordinary size, successfully removed.

BY P. C. SPENCER, M. D., OF PETERSBURG, VA.

THOMAS WILKINSON, a native of the neighboring county of Sussex, 37 years of age, placed himself under my care for the surgical treatment of an enormous tumor of the neck.

The history of the case, collected from accounts given by himself and friends, was as follows:

The tumor had been in existence thirty years. It was described as being located, when first observed, at the angle of the lower jaw, and beneath the lobe of the left ear. Its presence and growth being wholly unattended by pain or annoyance of any kind, it does not seem to have created anxiety or to have attracted much notice during the period of his youth. This apathy, however, was not of long duration. Before he reached his twentieth year, its great size, and the deformity and annoyance it occasioned, led him earnestly to desire relief.

It was then sixteen or eighteen years before the time of his application to me that he, for the first time, sought surgical advice and assist-

ance. The tumor was at that time represented as being double the size of a large orange, and *firmly embedded beneath the angle of the lower jaw.*

He was immediately placed under treatment necessary to prepare him for its excision by a distinguished and very bold surgeon of this place, since deceased.

When the day fixed for it arrived, however, he was, much to his disappointment and chagrin, dismissed without the operation, the surgeon urging as a reason for the postponement, that he had not been able to prepare himself with some necessary preliminary. Wilkinson was desired to return home, with the assurance, that so soon as this could be accomplished, he should be sent for. This promise was never fulfilled. Whatever may have led to the postponement on the part of the surgeon, the impression was created on the mind of the patient and his friends, that the operation required was deemed one of a nature too hazardous to be attempted with any prospect of success. This impression was subsequently confirmed as the case wore on, since the many medical men, who, from time to time, obtained a sight of the disease, as the man's business called him from place to place, were almost unanimously of opinion, that the safe removal of the tumor was beyond the reach of art. With this conviction, the man patiently resigned himself to his fate, awaiting the issue.

But the disease did not remain idle. Mass after mass of degenerate structure continued to shoot out from every side; reaching downwards it touched the shoulder, the whole breadth of which it proceeded to occupy, and then on both breast and back, it ultimately fell in large folds. Finally, its great weight, acting upon a frame already worn down and emaciated by the ceaseless irritation of its presence, precluded all employment, allowing him to remain in an erect posture for a short period only, and that at long intervals. In addition to all this, decay ultimately set up in the morbid mass. Patches of ulceration appeared on its periphery, resulting apparently from imperfect nutrition, caused either by pressure or lesion upon its nutritive vessels. Abscesses formed in its interior, tunnelling it with large sinuses, which constantly discharged offensive matter, and hectic fever supervened.

Feeling that he could live but a short time as he was, and being convinced that the excision of the tumor afforded him the only chance for his life, the patient had arrived in town with the determination to have the operation attempted.

After a minute and tedious examination of his case, with several professional friends to assist me, we found it almost impossible to come at anything like a positive opinion as it regarded the safety or practicability of an operation. This ambiguity and embarrassment arose from the exceeding difficulty of ascertaining correctly the parts involved in the attachment of the tumor, and in defining the nature of the operation required for its removal.

Firmly attached by a strong and almost unyielding band to the whole side of the neck, its sides shelving over all around, below, behind, and before, anything like a satisfactory examination was wholly precluded, since there was but a narrow space for the hand to pass

under to effect the exploration. Nor was this all: admitting that a free examination of the attachments of the tumor could have been made, its immobility on its stem, and the extent of these attachments were so great that nothing positive could have been ascertained of the parts involved likely to be wounded in an operation. Nothing is easier than to prove this by a glance at the bounds of its attaching surface. Extending from an inch above and behind the lobe of the left ear, these ran posteriorly on a line with the sterno-cleido mastoid muscle, (which it covered with the great vessels of the neck,) down to within an inch of the clavicle. In front, its connection ran from the ear over the cheek to a point midway below the chin, where it passed again downward in a line with the trachea to the top of the sternum. The whole formed a triangular connection or band, firm and almost immovable, at least six inches through its longest line.

It was a prominent question in the enquiry, as to whether there would be danger or probability of wounding either one of the great vessels of the neck. This result, under ordinary circumstances, would not have been feared by the surgeon; but, in the present case, the accident could but be fatal, for the very plain reason, that the courses of these vessels in their entire extent were so completely covered by the diseased mass, which was so unyielding and immovable as to preclude entirely the possibility of securing them by ligature or other means, did it occur.

After being made fully sensible of these difficulties, the patient still persisted in his determination, and the operation was therefore undertaken as a *dernier ressort*.

It was necessary to place him on a more generous diet than he had lately allowed himself, in order to ensure him sufficient strength for trial. Some eight or ten days sufficed for this result, and on the 9th of January, 1844, the operation was performed. A narrow table was provided, in a room tolerably well lighted, on which the patient was placed, lying on his right side, with his head elevated. Whilst in this position, in the presence, and with the assistance of Drs. Peebles, Jones and W. Michie, all of Petersburg, I proceeded to operate.

My first design was to raise the tumor from behind, by cutting it away from the whole line of its posterior attachments, freeing it thereby from the great vessels of the neck as early as possible. For this purpose an incision was commenced about two inches below the ear, and carried on and down to the tumor, to within half an inch of the clavicle. The skin was carefully, but with great difficulty, (so closely was it agglutinated to the diseased mass,) dissected off to the neck. When this was completed, I cautiously proceeded to divide the adhering bands which had been exposed by the incision. The sterno-cleido mastoid muscle, attenuated to a mere filament, had been partly brought into view, and being closely affiliated to the diseased mass, was divided across, above the point where it is decussated by the omo-hyoideus.

When, by these means, its lower part had been freed, so that the tumor could be raised, the carotid artery was plainly seen beating in

front of the line of the original incision, but now about an inch backwards from its still adhering surface.

The tumor was next held, raised, and borne slightly forward, when the dissection was carried on without danger of wounding the vessels. The very strong and firmly adhering bands which connected the excrescence with the mastoid process of the temporal bone, with the tuberosity of the occiput, and with the transverse processes of the upper cervical vertebræ, were next severed in the order in which they presented themselves.

Up to this time no vessel of any importance had been wounded; the hæmorrhage had been slight, the only embarrassment to the operation arising from the unpleasant strangulation resulting from the pressure of the tumor on the trachea, as the patient lay, through the unavoidable manipulations on it, already described. Starting under the ear, at the origin of the first, another incision was next extended through the skin down to the tumor, across the cheek to the chin, and then carried downwards on a line with the trachea, finally terminating in the first just above the clavicle.

Much time was next required in removing the adhering skin from the surface of the tumor, which was carefully done through the whole line of the incision, that it might serve as a covering to the wound, and many considerable vessels were wounded, two of which, one of them near the angle of the inferior maxillary bone, the other beneath the symphysis, requiring the prompt application of the ligature. When this tedious and exceedingly painful dissection was completed, the exhaustion of the patient was so great that I was forced to suspend my dissection about the throat, in order that he might be allowed to breathe with the necessary freedom. But all its adhering bands had been severed, and the tumor could be raised; and, so soon as the patient recovered from this partial syncope, its final excision was readily completed.

Though overcome and greatly exhausted, the patient was found to be in quite a favorable condition; his pulse was good, and he had not suffered so much from hæmorrhage as had been expected, the principal loss being, in fact, venous blood. A reasonable time having elapsed, and there being still little or no decrease of this oozing from the divided veins, a weak solution of creosote was applied to the wound. It had the desired effect almost immediately, and I proceeded to the dressing. The flaps of the skin, which had been left, covered the wound very well, considering that the nature of the case, leaving no choice in the matter, had obliged us to dissect without regard to this object, and having carefully brought them together, they were secured, and the wound closed by straps of adhesive plaster. The dressings were completed, and the patient placed in bed in forty minutes from the time the operation commenced. No accident occurred, and the night succeeding the operation was spent quietly and comfortably. On the second day there was a slight rise of fever, which was at once successfully combated by a mild purgative.

It is considered entirely unnecessary to detail further the progress of the case, for after this time no constitutional symptom arose, and its management became entirely a local affair.

The improvement of the general health proceeded *pari passu* with the healing of the wound, which, under the simplest treatment, was gradual yet progressive. On the 23d of January he left his bed entirely, and, late in February, he returned home in good health, and so altered in appearance that his nearest neighbors did not at once recognize him.

He has been seen within a few weeks by the writer, and he reported that the improvement of his general health had steadily progressed since his return home.

The tumor weighed within a fraction of twelve pounds. It evidently belonged to the class of non-malignant tumors. A further estimate of its true nature cannot be made, since, preferring to preserve it as a specimen, no dissection was made into its structure.—*American Journal of Med. Science for 1845.*

[We copy the above case because it was an operation of very great importance, and done without "going to Philadelphia." It has been insinuated that Dr. Spencer has concealed the fact of the ultimate fatal result of this operation. It is not so, for the subject of it may be seen in the Petersburg market-place weekly.—Ed.]

The Claim of Physicians to compensation for services rendered in Medico-Legal Examinations.

It seems scarcely credible, that in the state of South Carolina, which is noted for the liberality of her acts and for her enlightened policy, the physician is expected, nay, required, to make *post mortem* examinations when summoned by the coroner, without receiving the slightest compensation for his services. This is so flagrant an act of injustice, so grievous a wrong, done the profession, as to demand their serious consideration, and incite them to strenuous exertions to effect a recognition of their rights. When it is remembered that the medical man expends hundreds, perhaps thousands of dollars, that he toils year after year, for the acquisition of the most complex, and, consequently, the most difficult of sciences, it is reasonable that his knowledge should receive its reward, when practically applied for the *public* as well as the *private* weal. When invited by the coroner to make the examination of a body, in case of suspected poisoning, murder, etc., he has always willingly rendered his services to the state regardless of the inconvenience to which he may be exposed. Is it not just that he should receive a *quid pro quo*? The lawyer who conducts the case on the part of the state receives a compensation, and why should not the physician, who is perhaps mainly instrumental in establishing the guilt or innocence of the accused? It would be superfluous for us to do more than merely advert to the cases on record, in which medical testimony has been all-important to the conviction of the individual suspected of having perpetrated the crime. We need only instance the dreadful tragedy, recently enacted by one of our own profession, to convince any one of the great weight attached to the testimony of the scientific physician.

We are not sufficiently acquainted with the laws of the several states of our confederacy, to know whether physicians in the majority of cases are paid for these examinations or not. It is only lately that Georgia has rendered this act of justice to her physicians. By a law passed at the last session of the legislature of that state, as we learn from the July Number of the *Southern Medical and Surgical Journal*, the physician is allowed, for each *post mortem* examination, when death has resulted from external violence, where no dissection is required, the sum of ten dollars; for the same, where dissection is necessary, and where no interment of the body has been made, twenty dollars; for the same, after one or more days' interment, thirty dollars; for the same, when any chemical analysis is required, the sum of fifty dollars, and the expense of such analysis. In reference to this matter, the above journal remarks:

"We are pleased that this tardy act of justice to the medical profession has been done; but, at the same time, we are constrained to say that the compensation for post mortem examinations, where chemical analysis is required, is entirely inadequate. In almost every case of this kind, the entire responsibility is thrown upon the physician. Upon the correctness of his analysis, the reputation and life of the accused depend. His opinion alone determines the question whether or not a crime has been committed. To place a man under such a weight of responsibility, and then to offer to compensate him for fifty dollars, shews a very low appreciation of the profession, or a very extravagant estimate of the value of money."

Now, although we cannot comprehend how a physician's responsibility is lessened, or his conscience relieved of remorse, by pecuniary reward in the event of the execution of an innocent person convicted upon his testimony, as the result of his examination, still we coincide with the editor that the fee allowed should be proportionate to the amount of labor and of knowledge required of him; that fifty dollars, for instance, for a chemical analysis, is wholly disproportionate to the expensive process that it involves.

The statute of the state of New York, we are told by the Northern Lancet, directs the coroner to summon a physician to attend professionally at an inquest, but does not provide for his remuneration. A numerous signed petition to that effect was presented to the legislature, during the session of 1842-'3, but its remonstrances were utterly disregarded. Inasmuch, therefore, as the state has not complied with the demands of the profession, the physicians when summoned by the coroner, although obliged to attend, do not generally touch the body, as he cannot force them to do it.

In Great Britain the fees are awarded to the physician in a scale according to the services performed. In France likewise, and, we presume, upon the continent generally, physicians are remunerated.

And shall this state be one of the last to comply with the just demands of the profession? It has happened that, time after time, bills for post mortem examinations, made at the instance of coroners, have been presented to our legislature, and have, so far as we know, invariably been rejected. Why is this? What incentive is held out to

the physician to qualify himself for such arduous and responsible duties? Were it not that he was actuated by a conscientious discharge of his duties as a *citizen*, and that he dreaded the loss of reputation, he might often be utterly indifferent to the examination made, and to the evidence subsequently delivered by him.

But we contend that the physician should not only be liberally remunerated for his examination, but that he should be adequately compensated for the evidence subsequently delivered in court. With the physician, as with other business men, time is money, and as he is required to spend hours, perhaps, as is not unfrequently the case in cities, days in attendance on the court, waiting his turn to be interrogated, it is but right that he should be fully paid. Add to this, the annoyance to which he is occasionally subjected by unscrupulous lawyers, and he certainly has sufficient cause for complaint. In order to shew to what great inconvenience physicians are subjected by being required in these cases to attend court, we have the statement of Dr. James Webster, professor of anatomy in Geneva college, New York, in his introductory address to the class of 1849-'50, to the effect that on one occasion, physicians were summoned from New York city, Albany, Utica, Auburn, Geneva, and himself from Rochester, to give evidence in a case that was to be tried in Cayuga county. He was not only subjected to great loss of time, but also to the expenditure of nearly one hundred dollars for examinations, travelling expenses, etc., not a dollar of which was refunded him. This is one instance, among many, which he adduces to shew the injustice in the legislature in not awarding to physicians remuneration for the services rendered the state.

There is one consideration above all others that should prompt the state to recognize the just demands of the profession in this respect, and that is, their voluntary and gratuitous assumption of the guardianship of the public health. When consulted on questions of public hygiene, the physician, actuated by the noblest impulses of the human heart, viz : a desire to ameliorate the condition of his species—readily and cheerfully imparts all the information he possesses that may tend to the accomplishment of that object. Nay, he is most frequently foremost in devising means for the improvement of the body politic ; whereas, were he to obey the dictates of interest, he would rather endeavor to promote disease than prevent it.

We shall not, for the present, pursue this subject further, our object being merely to direct thereto the attention of our readers, and through them, that of the members of the legislature.

It is our intention to move at the next meeting of the South Carolina medical association, for the appointment of a standing committee, to be called the committee on the interest of the profession, whose duty it shall be to take cognizance of all matters relating to the good of the profession.—*Charleston Medical Journal*.

The population of Virginia, according to the recent census, numbers 1,428,000, of which 1755 are physicians—giving a ratio of one physician to every 813 inhabitants.

Quackery Amongst Regular and Irregular Practitioners.

The columns of the *Lancet* have for some time furnished valuable information respecting the adulterations of food and drink; we rejoice to find that the adulteration of our profession by the intrusion of quacks amongst us is destined to similar treatment, as appears from the following:

Dr. Johnson instituted a striking comparison between the social position of the lawyer and the physician. Few, he says, know the defects of the physician they employ, and no man is acquainted with the excellence of him he refuses to consult. But the lawyer is obliged to produce himself in public, and give evident proofs of his claim to the reputation he enjoys. Like many other sayings of the great moralist, there is more speciousness than fact in these distinctions. The annals of the bar contain as many and as conspicuous examples of shallow, undeserved success, and of neglected worth, as the history of any other occupation, while we feel confident that the medical profession generally, through all its branches, assumes and maintains as high a standard of intellectual capacity, profound learning, and high moral worth, as either of the two other learned faculties. Some of the great medical celebrities of London do, however, rest on very shadowy foundations. We have always, as our readers well know, constantly wielded the power of this journal to baffle and destroy the advertising quacks, whose avowed occupation it is to deceive and swindle, but we are bound to say the race of semi-quacks within the pale of the profession are hardly less noxious or more derogatory. It is our duty, occasionally, to devote our attention to the latter, for the sake of those whose integrity forbids them to follow any but the straight and laborious way, and who are too often left behind in the race by more unscrupulous competitors. These regular irregulars consist mostly of two classes; of men who, starting with honorable ambition, and trying the pains-taking road without a speedy success, sink into money-making business, and so make their profession a trade; and of others who had neither a tincture of shame, a sense of dignity, or a regard for truth from the beginning. Of the first class we would speak with tenderness, when they keep themselves in the shade, and content themselves with the great object of their pursuit—wealth. The other class it becomes the correctional police of the press to deal with severely, and we propose to pass some of the parties who belong to it under the lash of criticism. It is they who are ever ready to seize every novelty, every real or fancied improvement in practice, and push it to the verge of quackery, so that the public cannot really see where the profession ends and where quackery begins. Such men are more dangerous and more mischievous to the profession than the avowed irregulars. We shall take an early opportunity of applying these general remarks to particular instances, though every medical man must, in his own sphere, be able to make an abundance of such applications.—*Lancet*.

We are glad to find that this praiseworthy effort to arrest the pro-

gress of quackery amongst regular practitioners is to be directed against notorious offenders principally. It is no easy matter to define where quackery begins in the medical ranks, and therefore no easy matter to restrict the application of the term to its proper objects ; but there is no difficulty in dealing with him " who has had neither a tincture of shame, a sense of dignity, nor a regard for truth from the beginning." The barefaced, impudent, professed charlatan, who openly avows his contempt for all restraints which interfere with his proceedings, can be easily culled from the flock, for the brand which distinguishes him has been applied with his own hand. The base arts of fawning, fulsome adulation, which, without a blush, he employs to ingratiate himself with every class of society, from scum to dregs, serve as so much pitch and tar to warn all honest men to avoid coming in contact with him ; while the practices necessary for the successful conduct of his trade approach so nearly to tangible criminality that cautious men stand aloof. Nothing, however, of this kind takes place until the finger of scorn is pointed. As long as he suits the taste of " the public," makes himself useful to confederates, and does the work of his employers without scruple, so long does he retain his position ; but the moment his true character comes to be exposed, then does he find his level, and hence the value of the interference here proposed to be undertaken. That it is the duty of a journalist to hold up to public scorn the evil-doers of our profession, there can be no doubt. He is the guardian, and the only guardian of our body against the contamination which such entail. He it is who must remind us of the truth of the homely saying, that " one scabby sheep corrupts the whole flock," for without his admonition it will be forgotten. Neither " the public" nor " the profession" care to be very inquisitive as to the moral qualities of the man who answers a purpose ; they are not fastidious ; and with them men seldom lose caste because they act without scruple, provided they succeed. People should, however, be taught, and especially people of our profession, that such laxity is not a universal failing amongst us ; they should know that, some at least, shun a black sheep, however many may bear him company, because of his value as a companion, or as a necessary aid in the pursuit of their objects.—*Dublin Medical Press.*

A New Remedy for Short-Sightedness.

BY A. TURNBULL, M. D.

Addressing the editor of *The Lancet*, Dr. Turnbull says—I beg to call your attention to a newly-discovered remedy in cases of short-sightedness, which I have applied with very considerable success.

A few months ago, I observed that persons who are short-sighted, when looking at objects at a distance, partially close their eyelids, for the purpose of overcoming the difficulty they find in discerning them. This action is instinctive ; it is a natural effort to adjust the eye to an increased sphere of vision. It is well known that short-sightedness

depends not only on convexity of the cornea, but also on convexity of the lens; and having no hope of being able to effect any alteration in the structure of the lens, my attention was directed to the iris, which I found to be, in such persons, generally much dilated. It then occurred to me that contraction of the iris has the effect of apparently lengthening the convexity of the cornea, which approaches a circumscribed plane, that permits the rays of light to enter only in a straight line. The effect of this is obvious. The length of vision hereby necessarily becomes increased, and distant objects are brought within its range. It therefore struck me, that if we could discover any substance which could be so applied as to contract the iris, one cause of the defect of short-sightedness would be remedied. The result, I am happy to say, has been most satisfactory. In the first instance, I applied the extract of ginger, which was rubbed for five or ten minutes over the whole forehead, with the view of acting upon the branches of the fifth pair of nerves. Afterwards, I substituted a concentrated tincture of ginger, of the strength of one part of ginger to two parts of spirit of wine, decolorized by animal charcoal. The success of this application was remarkable. In many cases it had the effect of doubling the length of the vision. In some persons I found the iris was not much dilated, but very torpid. In these cases I applied the concentrated tincture of pepper, made of the same strength, and in the same manner as the tincture of ginger. This I used until I observed that the iris had obtained a greater power of contraction and dilatation, after which I had again recourse to the tincture of ginger.

This plan of treatment has been attended with the most signal success, and persons who were extremely short-sighted have very soon been enabled to lay permanently aside their concave glasses. The best method, I may observe, of testing the improvement of the sight during this treatment, is not by taking a printed book, and holding it near, and then at a greater distance from the eyes; this range of vision is much too limited. It is better to fix the attention of the patient upon a distant object, such as the brass key-hole of a door, and by stepping some paces backwards, so as to place himself at a greater distance from it, he will soon discover the progress he is making.

So important a discovery as this will, I hope, be fairly tested by the members of our profession, who may rely on the success of the treatment I have recommended, if it be only judiciously and carefully carried out. It is possible that the advantage derived from the tincture, as above described, may be ascribed to the alkaloid principle of piperin which is held in solution in the tincture of pepper.—*The Chemist.*

Success in the Medical Profession.

The following extract is from Professor Ware's introductory lecture to the class in the Massachusetts Medical College, as published in the Boston Medical and Surgical Journal. Parallels to the characters here so graphically hit off, are to be found in every community:

"One man who succeeds is a boaster. He is a living advertisement of his own recommendations. His talk is of great cures, of

which he tells long and marvellous stories; of the distinguished and well-known families whose attendant he is; of the great distance from which patients come to seek his advice. He loses no opportunity of impressing on mankind his great skill and his extensive reputation. There is another who develops his self-complacency in a different manner. He is lofty and oracular. His style of discourse is that of a superior; he cherishes something of the old mystery in which the profession used to delight. He talks obscurely; he entrenches himself behind technicalities, is magnificent upon trifles; he even deals out his pills with an air of majesty. There is still another who is irritable and arbitrary; who is a tyrant in the sick room; who resents every little disobedience as a personal insult, and regards the natural expressions of doubt and anxiety as so many reflections on his professional character. As his opposite, there is one who is all gentleness; who always assents—never finds anything or anybody in the wrong; who courts the patient, the friends and the nurse—and has a flattering word for each; who is all things to all; who is a sycophant and almost a hypocrite—whose countenance is the index to his character:

‘Eternal smiles his emptiness betray,
As shallow streams run dimpling all the way.’

Then there is, on the one hand, the man of invincible taciturnity, in whom silence is taken by some as the sign of wisdom; and on the other, the man of invincible loquacity, whose never-ending stream of words flows on as innocent and as empty of meaning as the babbling of a summer brook.

“In this picture there is perhaps a little exaggeration of what we meet in actual life; yet men exhibiting these various peculiarities do oftentimes succeed. Their currency, however, is usually with a limited class; those who like one, naturally dislike his opposite. But there are some physicians whose mode of intercourse with the sick recommends them equally to all, independently of any mere reliance on their medical skill.”—*St. Louis Med. and Surg. Journal*.

Cod Liver Oil in Phthisis Pulmonalis.

Dr. Levick, resident physician in the Pennsylvania hospital, publishes in the January No. of *Amer. Jour. Med. Sciences*, fourteen cases of pulmonary disease in that institution, in which cod liver oil was used. The following are his conclusions respecting its effects.

[*Med. and Sur. Jour.*

“If I mistake not, it is highly important that the real value of this remedy should be soon determined. Exaggerated impressions of its worth have no doubt been made, to be followed by their necessary disappointments. All the results promised by some writers from it, have certainly not followed its use in the hospital, nor in a large number of cases in private practice, which, through the kindness of his medical friends, the writer has had an opportunity of closely watching. On the other hand, we can positively say, that most of

our patients, while using the oil, have increased in flesh, in weight, and in strength; that with most of them there has been a diminution of cough and of expectoration; that with some of them, hectic and rigors have entirely disappeared; and that there have been some so benefitted as to be able to resume their former occupations. We can also understand that it may so strengthen the patient as to enable him to make use of those hygienic means which are so efficacious; that it may thus, perhaps, indirectly cure consumption. Again, in phthisis, as the local affection is but a part of the disease, if the general health continue to improve, we may hope that the diathesis will be, in the course of time, thoroughly changed, and thus, perhaps, cod liver oil may cure consumption. But these suppositions are merely such; the assertion of its good, but limited effects, are positive. The first may happen, the last have happened.

“An objection has recently been made to the use of cod liver oil, that it produces pulmonary congestion and hæmorrhage. This is a plausible suggestion; we have not found it to exist in practice. The only instance in which an attack of bleeding could be positively traced to the use of the oil, was that of a patient admitted for hæmoptysis, who, after having been in the house for several weeks, with great improvement of his hæmorrhagic symptoms, was placed on the use of the oil from some suspicious physical signs. Nausea and emesis were produced by the oil, and a hæmorrhage followed the act of vomiting. This may suggest a caution under similar circumstances.

“It will be seen that in no instance did any decided benefit arise from the oil until it had been used at least four weeks; it is equally important to observe, that to be of any permanent benefit, its use must be persisted in for a long time, even after the most striking symptoms of disease have in a great measure disappeared; a fact, of which we have always endeavored to impress the importance on our patients at the time of their dismissal from the hospital.

“Although then, in conclusion, our experience has not been quite so gratifying as has that of some others, yet the writer is fully prepared to say, that he believes cod liver oil to be by far the best remedy for phthisis pulmonalis of which we have at this time any knowledge; and that to neglect its use in cases of this disease, unless there be a strong contra-indication, is, under existing circumstances, both injudicious and culpable.”

Of the candidates examined for admission into the naval service as assistant surgeons, the following from Virginia have been found qualified, viz:

Frederick Horner, Jr., Warrenton.

James B. Whiting, Norfolk.

Randolph Harrison, Cartersville.

John C. Coleman, Halifax courthouse.

J. Page Hopkins, Winchester.

The Medical Society of Clarke County, Virginia,

Met, by appointment, on the 24th March 1851—Present, Drs. Little, Randolph, Harrison, Nelson, Kownslar, Barton, Neill and Haynes. The society was called to order by the vice-president, Dr. Kownslar, and the minutes of the preceding meeting were read.

The committee appointed at a previous meeting to draft a constitution and by-laws for the society, reported through their chairman, Dr. Haynes, which report was received and unanimously adopted.

On motion of Dr. Randolph, the society agreed to exempt certain members from all expenses, otherwise required by the by-laws.

The society then elected the following officers for the ensuing year, viz :

Dr. Randolph Kownslar, *President*.

Dr. J. F. Fauntleroy, *Vice-president*.

Dr. S. S. Neill, *Recording Secretary and Treasurer*.

Dr. H. T. Barton, *Corresponding Secretary and Librarian*.

Dr. Haynes,

Dr. Randolph, } *Publishing Committee*.

Dr. Harrison,

On motion, a committee of three (Drs. Randolph, Harrison and Kownslar,) was appointed to prepare a code of ethics for the society by its next meeting.

The society then appointed Dr. J. F. Fauntleroy as its delegate to the National medical association, to meet in Charleston, South Carolina, on the first Tuesday in May next, and Dr. Kownslar alternate.

The committee for the purpose then announced typhoid fever as the subject for the next discussion, and appointed Dr. Barton to write an essay on *Placenta Prævia*, to be read at the next meeting.

On motion, the books presented to the society by Dr. Nelson were received, and the thanks of the society returned.

On motion, it was ordered that the proceedings of this meeting be sent to the "Stethoscope" for publication.

J. A. HAYNES,

Chairman of Committee on Publication.

Hygienic Virtues of Mustaches.—Our contemporary, the *Union Médicale*, announces the discovery, by the *National and Military Gazette* of London, (a journal with which we are unacquainted,) of certain hygienic virtues in mustaches. These consist in the hygrometric and thermometric properties possessed by the human hairs—so that, when growing below the nostrils, they absorb the moisture, and prevent cold air from entering the respiratory passages. Statistics prove their value, as they prove everything else. In the regiments that wear mustaches, pulmonary affections, colds, &c., are unknown; whilst in the regiments in which the men shave, catarrhs, pneumonias, coughs, &c., are common!—*Edin. Monthly Journal*.

THE



AND

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[Vol. I.]

Remarks on the Pathology and Therapeutics of Colica Biliosa, or Bilious Colic.

BY J. J. THWEATT, M. D., PETERSBURG, VA.

The frequency and formidable character of bilious colic invest it with peculiar interest to the Southern practitioners of medicine. Notwithstanding the intense investigation which has been made relative to its pathology and treatment, it must be conceded that much obscurity still rests upon these important points. The influence of the schools of Hamilton and Rush on the practice of medicine in this country, has been the cause of grave errors. No branch of the science of medicine has suffered more from this influence than pathology; and, we will add, that in no disease has the fallacy of the principles of those schools been more conspicuously shewn, than in the treatment of bilious colic. The light which has been shed upon the nature of diseases of the intestinal canal by the so-called anatomico-pathological school of medicine, enables us in a manner to throw off the shackles of those high authorities; and, instead of a vain and unprofitable searching after the remote and proximate causes of morbid action, to study, "*scalpel à la main*," the effects of disease in tissues, organs and systems of organs. It is by this method alone that our science can ever reach certainty. According to the etymology of bilious colic, the phenomena which characterize the affection depend upon a vitiated secretion of the liver, (acid bile,) which, passing into the intestinal canal, produces spasmodic action, vomiting, &c. In almost all the systematic works on the practice of medicine, and by medical men of the highest professional eminence, the opinion is pertinaciously maintained, that the essential features of bilious colic are connected with a depraved condition of the biliary secretion and spasmodic action of the muscular tissue, which enters into the composition of the intestinal tube, the liver being in an engorged condition; hence all of the symptoms of the disease depend on an engorgement of the liver, defective and depraved secretion, and muscular irritability. We are utterly opposed to this opinion of the nature of this disease; we believe that it has been the source of great mischief, and should be

discarded by medical men. With respect to the pathology of bilious colic, we are prepared to maintain the following propositions: 1st. That bilious colic is eminently an inflammatory disease. 2nd. That all of its more prominent features arise from an inflammation of the mucous membrane of the pyloric region of the stomach and superior portion of the intestinal tube, especially the duodenal portion, accompanied with spinal irritation. The force of the remote or proximate causes of the disease is spent upon this portion of the intestinal mucous membrane, exciting inflammatory action. According to this pathological view, the symptoms of the disease are susceptible of easy explanation. No difficulty is experienced on the part of the practitioner to locate them, and apply the proper remedies.

In the more violent forms of this disease, the patient is seized with violent pain in the epigastric region, accompanied with intense heat, nausea, vomiting, and obstinate constipation, the irritability of the stomach being sometimes so great that nothing liquid can be retained for the shortest time, incessant vomiting, not of acrid, bilious matter, as is generally stated by authors, but of thin, acid mucous, secreted from the gastric mucous membrane. Vomiting of bile in this disease is far from being so common as is thought by many writers. The stomach is irritable, which constitutes one of the most annoying symptoms to the patient, the circulating system soon becomes involved, and you have a full, strong, bounding pulse, redness of the face with constant flushings, accompanied with more or less headach; the nervous system soon manifests derangement, extreme jactitation, cries of alarm follow, the patient often complains of pain in the back, and, on examination of the spine, tenderness along the dorsal vertebræ is produced by pressure, (the abdominal muscles are spasmodically contracted, especially the rectus.) The above description appertains to the severe cases of bilious colic; but there is another class of cases of this disease of quite a different character—the patient complains of a dull pain in the region of the stomach, extending along the posterior border of the liver; there is no appetite, tongue thickly coated, slight jaundice, pulse slow but strong, slight pain on pressure, constant nausea but no vomiting, or great irritability of the stomach, constipation not so obstinate as in the more violent cases; but what is peculiar to this form of the disease is, that no relief is afforded by the evacuations from the bowels; these evacuations shew the want of proper bilious secretion, being of a brown or whitish character, sometimes slightly tinged with bile. The character of the constitutions of persons affected with this form of bilious colic is leucophlegmatic; it is frequently to be met with in those localities where intermittent and remittent fevers prevail, and in seasons subsequent to long droughts. The more prominent phenomena of bilious colic are admitted by many authors to be the result of inflammatory action; but it is contended that they are the effects of previous biliary derangement, of acrid bilious secretion. The *post hoc propter hoc* argument has been, says a recent writer, the bane of the science of medicine from time immemorial. We find the power of this false mode of reasoning fully exemplified in the minds of systematic writers on bilious colic.

The symptoms exhibited in a case of bilious colic are the result of inflammation confined as we have stated to the mucous membrane of the pyloric region of the stomach and superior portion of the digestive tube; and we are strongly inclined to the opinion that the mucous membrane of the duodenum is the first to be attacked. We wish to direct particular attention to this point: the symptoms which mark inflammation of this portion of the intestinal mucous membrane, as given by the most distinguished pathological observers on the Continent of Europe, corresponds exactly with those of bilious colic in a large majority of cases. M. Piorry, in his *Traité de Médecine Pratique*, says that duodenitis is characterized by a dull, circumscribed pain extending from the lower border of the liver to the pit of the stomach. On percussion mattity is detected in this region—the pain is also exasperated on pressure.

We do not intend to confine the pathology of bilious colic exclusively to the duodenum, for we are well aware that the pathology of this portion of the digestive apparatus is yet to be made; our opinion is that the disease, in a large number of cases, commences here. Here is the veritable *point de départ* of the malady, the inflammatory action extends itself to the biliary ducts, the bile ceases to flow in the intestinal canal, or if it does, in small quantities. From the same cause follows the accumulation of bile in the lobules and cells of the liver, engorgement and inflammation of that viscus, and arrest of secretion. Jaundice is almost an invariable symptom in bilious colic. In truth, from our short observation, we have never seen a violent or mild case of this disease without some appearance of jaundice. Now, is not this symptom satisfactorily explained by the pathological condition of the duodenum? M. Broussais was the first to draw the attention of medical men to this cause of jaundice. M. Andral has published some valuable papers in the *Archives de Médecine* in corroboration of this view. The acrid and stimulating quality of the bile, upon which so much stress is laid, becomes so from accumulation and confinement; and if deficient secretion occurs, it arises from engorgement or accumulation of bile in the lobules or cells of the liver, the latter being the proper secreting organs of that viscus. If the symptoms are not sufficient to prove that bilious colic is an inflammatory disease, we can confidently appeal to the condition of the blood, and the autopsic phenomena, as furnishing incontestible proofs of the fact. In all of the cases of bilious colic which have come under our observation, whether in strong, robust, or weak and debilitated constitutions, the examination of the blood shewed an excess of fibrine; and this is regarded by the highest authority in our science as indicative of inflammatory action. What are the results of dissection? The mucous membrane of the stomach and superior portion of the alimentary canal is found in these conditions, viz: deeply congested, or softened or ulcerated; the liver, in a large number of instances, is engorged, enlarged, and sometimes presents the hob-nailed appearance—a true sign of intense phlogosis. A case occurred recently in the practice of one of our medical friends, which proved fatal, and on a post mortem examination, the mucous membrane of the stomach

was not only softened, but there was ulceration in different parts of the same membrane of the small intestines, which were contracted, and in some parts so much so, as not to permit the passage of a common bougie—the liver was engorged and augmented in volume.

We have stated that symptoms of spinal irritation were often present in this disease. This is a point which has been entirely overlooked by authors; our attention has been particularly drawn to it, from the fact that in the first case of bilious colic which fell under our observation, spinal irritation was well manifest, the pain in the back was intense, and caused incessant complaint from the patient; there was evident tenderness on pressure, the constipation in this case was very obstinate, cramps and contraction of the abdominal muscles and inferior extremities very annoying to the patient. From more extended observation we are convinced that spinal irritation enters as an important element in the pathology of bilious colic.

Treatment.—There is no disease in which more remedies have been recommended and tried than in bilious colic; the catalogue of emetics, cathartics and narcotics have literally been exhausted in the vain endeavor to find one that would answer the indications—which are, according to the old notions of the nature of disease, to evacuate the alimentary canal, and restore the biliary secretion. Under this hepatic delusion, calomel, oil and turpentine, croton oil, tobacco injections, *et id omne genus*, have been used with a lavish hand; under this perturbatory plan, of treatment, which we regret to say is the one still adopted by many physicians, the inflammation, the main cause of the symptoms, is increased instead of diminished; and thus many cases which were mild in the commencement become obstinate and intractable. To those who are not laboring under this hepatic delirium with regard to the true nature of bilious colic, the indications of treatment are plain and simple. Regarding the disease as essentially inflammatory, the first remedy to be used is blood-letting. We do not hesitate to affirm that in no disease, without exception, is the lancet more demanded, and in none is the use of it followed by more gratifying results. To reap the full benefit from this remedy, it should be used to the extent of making a decided impression on the constitution: the patient should be made to sit up in bed, a large orifice made, and the blood permitted to flow until syncope, sickness of stomach or palor of the countenance indicate that a sufficient quantity has been taken. The effect of bleeding in this disease is sometimes magical: we have seen cases where the irritability of the stomach, vomiting, pain, muscular contraction—all yielded to free bleeding. One of the most eminent practitioners of our city related to us the history of a case of bilious colic of frightful severity, in which the constipation gave way under bleeding. We have often seen cases yield, after free bleeding, to mild laxatives. Many authors admit the value of blood-letting, but they say it should be confined to the incipient or early stages of the disease, and that it is inadmissible after the lapse of a certain number of hours or days. This idea of bringing the use of remedies to a rigid mathematical limit, is a pernicious one, and if carried out, is calculated to produce the most pernicious results. The lancet should

be employed in all stages of the disease when there are manifest symptoms of inflammation, or, to use stronger language, in all cases where the constitution of the patient will admit of its legitimate use. We have not the hardihood to say, that purgatives and emetics will not cure the disease; for morbid action will yield under the most opposite treatment; but we do say, that the practitioner who relies on these remedies will be disappointed: he therefore should not be surprised if his repeated efforts prove abortive and his patient dies. Let a post mortem examination be made in a case of bilious colic that has been treated by purgation, and we venture the assertion, that the most prejudiced opponent of the lancet will admit its indispensable necessity. In persons of strong and vigorous constitutions the bleeding may be repeated with benefit. We have found, however, that after free blood-letting, the local abstraction of blood by leeches and cups, repeated three or four times, according to circumstances, will remove all inflammatory symptoms. In old persons and those of a leucophlegmatic habit, and especially those who have been subject to the multiplied forms of dyspepsia, the local abstraction of blood is our chief reliance; under these circumstances leeches in the epigastric and right hypochondriac region will produce most beneficial effects. Topical depletion therefore is a valuable adjunct in the treatment of bilious colic, and should not be neglected.

Emetics.—This class of remedies were and are still much lauded by the advocates of the old pathology of bilious colic. To administer an emetic was the first step in the treatment of the disease; but, according to the view we have taken of the nature of the disease, emetics are rarely indicated—cases are rarely met with in which matters capable of offending the intestinal mucous membrane are not thrown off long before medical aid is solicited. The great difficulty to surmount here, is to allay vomiting; emetics would only tend to increase it, and likewise increase the inflammation. In old dyspeptic persons, after a free indulgence of the appetite, a mild form of this affection is induced; in such cases we have found a gentle emetic to act beneficially; it is only in cases such as described that we ever prescribe emetics.

Calomel and Opium.—After depletory measures, a large dose of calomel and opium, say from 10 to 15 grains of the former to 1 or 2 of the latter, followed in four or five hours by a dose of oil or any other mild laxative, will act in the happiest manner. It is a common practice in our day to resort to large and repeated doses of calomel, regardless of pathological indications. This medicine is looked upon as *magnum bonum dei*, which is to answer all purposes, fulfil every indication, cure every disease. Calomel is a valuable remedial agent, but it should be given at a proper time and in a proper manner. The full therapeutic benefit of this remedy cannot be obtained as long as high inflammatory action exists in the system; it may calm irritation, it may prevent the results of inflammation, it may, it does remove the results of the inflammatory process, but that it possesses the power of controlling high inflammatory action, we deny. How often does it happen that this medicine is administered dose after dose in

inflammatory diseases without producing any effect but active purgation or constitutional irritation. Apply the antiphlogistic means, and the calomel will shew its proper operation immediately. The worst cases of salivation are brought about by this means. To obtain then the full benefit of this remedy, it should be taken after the more inflammatory symptoms have been subdued by general or local depletions. At this period a dose of calomel, repeated in four or six hours, will relieve the engorgement of the liver and portal circulation, and assist measurably to allay the general irritation of the constitution. Combined with opium, its curative powers are increased; opium acts not only in soothing irritation, but as a relaxative to the constricted muscular coat of the intestines. We may remark, *en passant*, that opium exerts a puissant influence over inflammation of the mucous membranes. In very obstinate cases of bilious colic, calomel may be carried so far as gentle ptyalism—intense salivation is a result to be deprecated in all cases.

Tartar Emetic.—The high laudation which has been bestowed upon this article of the materia medica, as an antiphlogistic, by the pathologists of the Continent of Europe, and particularly those distinguished authorities, Andral, Louis, Chomel and Bouillaud, has induced many practitioners to resort to its powers in the disease under consideration. Close observation has convinced us that however beneficial tartar emetic may be in inflammatory diseases on the Continent of Europe, in our climate it should be used with a cautious and sparing hand. In uncomplicated inflammation of parenchymatous structure, it is truly a heroic remedy, but when the mucous membrane becomes involved in the inflammatory process, its action is pernicious. That the violent symptoms of bilious colic may be controlled by its action, we are not disposed to call in question, but care should be taken, that in controlling these symptoms you do not bring about, if not gastro enteritis, a slow form of sub-inflammation, with its concomitants, softening and ulceration of the intestinal mucous membrane. In our opinion, tartar emetic should be discarded from the list of remedies in bilious colic.

Blisters.—Blisters during the early stage of the disease are wholly inadmissible, and we must confess we are not very partial to these agents at any period of the disease. Our experience of blisters in bilious colic will not permit their recommendation; they are always very objectionable to the patient, and almost always, when used, increase the irritation of the system. When the disease has been properly treated, there is rarely any necessity for blistering. However, in some cases, when there are indications of a slow sub-inflammatory action going on in the mucous membrane, they may be resorted to with some benefit. Upon the whole, their curative agency is very limited in this affection.

Adjuvants.—In giving the above appellation to the agents we shall introduce, we do not intend to convey the idea that we think lightly of their effects; on the contrary, we hold them in high estimation, and regard them as playing a very important part in the cure of the disease. Among the most important articles of the list of adjuvants are

castor oil, rhubarb and magnesia, and especially a combination of sulphate of magnesia, sulph. of potash, bicarb. of soda, a small quantity of the tinct. of opium, syrup of orange peel in some aromatic menstruum. This makes a pleasant mixture—it acts gently on the bowels, correcting, at the same time, any acidity that may be present in the *primæ viæ*. Enemas are useful; in order to render them more effectual, oil and turpentine may be added; sometimes active purgatives are required, as a decoction of aloes, &c. When the patient complains of flatulence, we have found the assafoetida enema to act like a charm. Great thirst and irritability being very troublesome symptoms, no remedy is more effectual in removing them than ice; the patient should be allowed to eat plentifully of ice well beat up. It often is the case that patients are permitted to take large draughts of water. This practice produces no benefit, and is highly injurious. The application of flannels, wrung out of hot water, milk and bread poultices, particularly hop poultices, to the abdomen, is not to be despised. We have derived more advantage from the hop poultice than any other. It is peculiarly soothing, from its anodyne properties, to relieve the pain in the back, which is very annoying, after topical depletion by cups to the painful region. The application of the chloroform liniment to the spine will answer a valuable purpose. We have often used the chloroform with admirable effect. The veretria ointment sometimes acts well, but it does not merit the encomium which has been bestowed upon it as a nervine. When the heat of the stomach is very great, accompanied with intense irritability, we have found nothing so grateful to the patient as the application of ice to the epigastric region. It should be pounded and put into a bag, and allowed to remain on as long as it proves grateful and pleasant to the patient, and should be removed immediately on the least complaint of chilliness. It is almost superfluous to add, that the diet should be antiphlogistic. In no disease is a properly regulated diet of more importance than in bilious colic.

The Pancreatic Juice in Digestion.

Mr. Editor: I send you an article upon the importance of the pancreatic juice in digestion. It was suggested upon looking over notes which I took whilst attending a course of lectures upon physiology, delivered by C. Bernard of Paris, during the year 1848. I am not aware that the views here given have been hitherto published in this country. Carpenter, in the last edition of his work, alludes to its property of digesting fatty matter, but does not take into consideration its other properties. I take some interest in this subject, as I had the pleasure of witnessing the experiments of M. Bernard, which satisfied me of the truth of his views.

Yours, &c.,

M. P. SCOTT.

Bernard was the first to discover the true functions of the pancreas, which, if his conclusions are sound, is one of the most important organs concerned in the process of digestion. By his patient investigations and philosophical deductions, he has cleared up one of the mysteries of physiology, concerning which all has been heretofore mere speculation. It is true that his conclusions have been deduced from experiments made upon the lower orders of animals; but by shewing the identity of the different fluids concerned in digestion in all of the lower orders, he was justified in coming to the conclusion, by analogical reasoning, that the same phenomena exhibited by them were also performed in the human system. He has proved thus the importance of searching for truths in medical science, by experimenting upon animals, and upon the facts thus gained, establishing the physiological laws which regulate the human system. Upon a just and accurate knowledge of these laws, it is only possible to establish a sound system of practice, without which all must be uncertainty or empiricism.

The old practice, of first concocting a theory and afterwards searching for facts to sustain the preconceived opinion, has been discarded—the order is reversed. The inductive system of reasoning obtains now in this science as in all others, and all theoretical notions that are not founded upon facts are cast aside—we obtain our facts, and upon them establish our theories. This may be a slow method; but it is the only sure one. It must be confessed, however unpalatable it may be, that we are far behind our brethren on the other side of the Atlantic in our researches in physiology and pathology. We are satisfied with folding our arms and quietly waiting for all improvements in our science which may be sent to us. These we receive and swallow with avidity, or speculate vaguely upon, or reject if they do not agree with the theories taught when we attended lectures. None think the experiments upon which they have been founded worthy to be repeated, or of making experiments to test the truth of those theories created in the imaginations of the speculative class of physiologists. But we have an offset, and flatter ourselves that if the French excel us in the science of physiology and are the best pathologists, we are the best practitioners. A vain illusion—for what kind of practice must that be that is not founded upon facts drawn from physiology and pathology, upon a proper knowledge of the functions of the different systems and organs of the human being, and the changes which are produced by disease. In the same vein and in the same manner the swarm of quacks and charlatans who overspread the land boast that they excel us. They point to the *results* of their systems—laugh at physiological facts, and care not to know whether a human being has a liver, so that he is possessed of a stomach or sac to receive their drugs and nostrums. They go ahead. The French are the most cautious practitioners, for the same reason which induced Frère Jacques to give up the operation for stone in the bladder after the anatomy of the parts was taught him. He never knew before the imminent risk his patients ran of losing their lives if a blunder was committed. We are more heroic, bolder practitioners—not better.

The process of digestion has always been one of the most interesting subjects in physiology—no part of the science has perhaps so much engaged the attention of the profession in all ages, and there is none about which there has been so much speculation, nor indeed at the present time has it ceased to engage the attention of scientific men—the field for speculation and experiment is still open. Certain facts have however been established, by which ancient as well as more modern theories have been overthrown.

The opinions of some of the older writers, that the stomach was the only organ for digestion, and that the liver and pancreas, like the kidneys,* were merely secernants, destined to separate certain noxious principles from the blood, has been long since exploded. More modern authors have adopted the theory of chemical solution put forth by Spallanzanne. These suppose that all kinds of food are reduced by the action of the gastric juice to one uniform, homogeneous semifluid; that all kinds of aliment produce the same nutrient principles which, submitted to the action of the gastric juice, becomes chyme, and that this chyme is changed by the action of the bile and pancreatic juice into chyle, which is now ready for absorption by the lacteals. This last is the opinion of Beaumont, deduced from his experiments upon a patient having a fistulous opening in the stomach. This opinion has been proved by modern experimenters to be erroneous, as also the opinion that chyle was formed by the action of the bile and pancreatic juice upon chyme—thus overthrowing the assertion formerly made that the chyle contains the essence of all kinds of nutriment.

Almande was enabled to establish that all alimentary matters were not digested in the stomach—his observations were made upon a patient having an intestinal fistula, through which he was enabled to see certain kinds of food pass, and to extract those which had not been affected during their passage through the stomach. Subsequent experimenters have established this. Thus the glucose class of aliment is not acted upon by the gastric juice; this fluid does indeed act upon cane sugar, changing it into grape sugar, but here its action ceases, but upon amidon it has no effect. How this class of substances was ultimately disposed of has been a subject of much speculation and experiment. Some have supposed that the saliva was the digestive agent, that by its action the nutritive materials were separated; others, that the stomach was the organ for this purpose, and that ultimately they were changed into oleaginous compounds and formed part of the constituents of chyle.

It would appear now that the stomach digests the azotized class of food, or rather that the first stage of the digestion of that class is performed in that organ, and that their digestion is completed in the duodenum by the operation of the bile and pancreatic fluid. The agency of the pancreatic juice in digestion has been until recently confounded with the bile, and many of its effects attributed to that secretion. Thus, when it was ascertained that fats and oils were not di-

* This was the opinion of Blondlow.

gested by the agency of the gastric juice, it was supposed by Muller and Brodie that the digestion of these matters was performed by the bile; it was not until the experiments of Bernard that its true functions were discovered. Physiologists for the most part have held the opinion that the pancreas was merely a salivary gland—some few thought that its office was to supply albumen to the system when there was a deficiency of this principle in the blood. They supposed that the pancreatic juice contained albumen, as it was seen to coagulate when heat was applied, or a strong acid added. Both of these opinions have been proven to be erroneous, but that the office of this secretion is to digest certain alimentary substances which are not acted upon by any other digestive fluid; and also by its union with the bile to complete the digestion of the azotized class which have been first submitted to the gastric juice.

The pancreatic juice is a colorless, slightly viscid fluid, constantly alkaline in its reaction; it is coagulated by heat. Its tendency to putrefaction is very great, and, for this reason, should be always experimented with very soon after being taken from the duct. After being kept for a short time, it ceases to act upon alimentary substances submitted; its appearance alters, it loses its consistency, and will not coagulate when heated. The quantity of the secretion is influenced by the condition of the organ, as is also its quality; thus, when the pancreas is irritated or slightly inflamed, there is a much larger flow; but it will not act as that secreted during a normal condition of the gland; if, however, the inflammatory action is great, the secretion will be entirely arrested; it is similar in this respect to the stomach.

Those who considered the pancreas as a salivary gland, founded their opinion upon the similarity of the pancreatic juice to saliva. The action of each upon amidon was supposed to be the same, and referred to as evidence of the identity of the two secretions. Had they been more careful in making their observations, they would have seen that there was some slight difference in the action of the two secretions upon this substance. For example, saliva changes amidon first into dextrine, and subsequently into sugar of second class or grape sugar, and, finally, into lactic acid, whereas the pancreatic juice only changes it into grape sugar. This difference of itself should have raised some doubt as to the identity of the two. Magendie, in speaking of the action of saliva, says: "If by an opening into the parotid duct, we remove the fluid of the parotid gland before it reaches the mouth and place it in contact with starch, no conversion into sugar takes place. It is the same also with the saliva drawn from the maxillary ducts in the dog. There is, then, something peculiar in the buccal saliva dependent upon all its constituent principles." Here then, is a wide difference between the salivary glands and the pancreas; for the pancreatic fluid of itself effects the transformation.

The first class of substances which are acted upon by the pancreatic fluid to which I shall refer, is the amylaceous, or that class, which is capable of undergoing transformation into grape sugar. That the saliva does not, under ordinary circumstances, effect this change

can be easily established; indeed, that the action of saliva is mechanical and not chemical, and that its place could be supplied with pure water, is now, I believe, the received opinion. These substances undergo no change in the stomach, as may be seen by giving amidon to a dog, and afterwards extracting the contents of the stomach through a fistulous opening, and testing them. This will also be seen to be the case, if it is digested out of the body with pure gastric juice. If this substance be followed, it will be seen that it disappears in the duodenum. Now, the only secretions which are poured into the duodenum, are the bile and the pancreatic juice, and to one of these must the disappearance of the starch be due. That it is not owing to any action of the bile, may be proved by digesting it with pure bile when no transformation takes place; and, we might now reason, that it must be the pancreatic fluid which digests it, that being the only remaining digestive agent; but, a more conclusive proof is, that if the duct leading from the pancreas be tied, and the contents of the duodenum of an animal previously fed upon starch be examined, it will be seen that no change has been made upon it; and, lastly, if starch is digested with pure pancreatic juice, a transformation into grape sugar will result. That it is now fit for absorption is most probable; as if a solution containing grape sugar be injected into a vein, no trace of it can be discovered, either in the blood or in any one of the secretions, thus shewing that it has been assimilated, so that it is reasonable to infer that this class of substances do not undergo any further change, as now they are ready for assimilation.

Of its agency in the digestion of fatty matter. It was, for a long time, the received opinion, that the bile was the agent designed for the digestion of fatty matter. This opinion was founded upon experiments made by Muller, and it was not until his experiments were repeated by Bernard, that it was found to be fallacious; for, if pure bile be added to oil free from acidity, no emulsion will be formed; and, if the mixture be allowed to remain a short time, there will be a complete separation, the oil floating as pure and unchanged as it was before it was mixed with the bile. If, now, a small quantity of pancreatic juice be added, an emulsion will be formed immediately, similar in appearance to chyle. From this it might be inferred that the bile, experimented upon by Muller was not pure, or that the oil was rancid; for bile has a peculiar action upon rancid oils, forming with them a kind of soap. Here may have been a source of error; most probably, however, that distinguished physiologist obtained the bile from the biliary duct after it had been joined by a pancreatic duct. In the dog there are two ducts leading from the pancreas, one joining the ductus choledocus, the other entering the duodenum an inch lower; so that the error was natural enough if the bile was taken from the biliary duct after being joined by the pancreatic duct, giving as the result all the phenomena justly ascribable to the pancreatic juice. In order that the experiment should succeed, it is necessary that the pancreatic juice should be perfectly fresh, and the oil free from acidity. When the experiment is performed out of the body, the

emulsion will have an acid reaction. This is not the case in the intestine, for it does not lose its alkalinity. This difference is probably due to the oxygen of the air, there being a decomposition of the oil into glycerine and oleic acid, the latter being free gives to the emulsion an acid reaction.

The gastric juice has no effect whatever upon the oils as any one may convince himself by obtaining pure gastric juice from the stomach of a dog, and subjecting the oil to an artificial digestion at the common temperature of the body. It will be seen that the oil will remain unchanged.

Thus it has been shown that neither the gastric juice nor the bile, when experimented with out of the body, has any power in digesting the oils, but that the pancreatic fluid forms with them an emulsion similar in appearance to chyle; but, it may be argued that, although such are the results of the experiments as performed, that in the intestine the action of these fluids may be different, or that the secretions from the intestine may alter in some way their operation. The following experiment is, I think, conclusive:

If a rabbit be fed upon oil, and its abdomen opened during full digestion, no trace of the oil will be found, but the lacteals will be seen loaded with chyle.

Now, take another rabbit, ligature the pancreatic duct, and feed it in like manner upon oil; after a sufficient time has elapsed, open the abdomen as before, when the oil will be found unaltered in the intestine, nor will there be seen any appearance of chyle in the lacteals.

From these facts two conclusions may be justly drawn; first, that the oils and fatty matters are solely digested by the pancreatic juice; and secondly, that chyle is not the essence of all kinds of alimentary matter, but is formed by the action of this fluid upon fatty matter; for we have seen that none of the other secretions act upon oil; that that of the pancreas forms an emulsion with it similar in appearance to chyle; and lastly, that no chyle is formed if the duct of the pancreas has been previously tied.

The pancreas then is the chylopoietic gland.

The pancreatic fluid changes sugar of milk into sugar of grape; there being this difference between the two, that the former will not undergo fermentation when yeast is added to a solution containing it.

The active principle of the pancreatic juice, to which the changes induced upon the various substances submitted to its action is due, is an organic matter which can be isolated; for a solution containing this organic matter will effect the same changes as the pure fluid itself; it has been named *chylopoiene*, from its property of forming chyle; it may be precipitated by alcohol, and afterwards dissolved by water. There is also another peculiar principle, which has never been isolated, which will be alluded to further on.

Pancreatic juice aids also in completing the digestion of the azotized class of alimentary substances which have been subjected to the action of the gastric juice and bile. This class of alimentary matter, after being introduced into the stomach, is dissolved by the gastric juice, and forms a new compound, the *lactate* of fibrine. When this

compound is introduced into the duodenum, a further change takes place when it is mixed with the bile. According to *Platner*, there is a general play of chemical affinities, double decomposition takes place, and two new compounds are formed—lactate of soda and a choleate of fibrine; the latter is insoluble, and must undergo a further change before it is fit for absorption and assimilation. This is effected by the intestinal juice, which is the result of the union of the pancreatic and hepatic secretions; there being two peculiar principles in the former, one chylopoiene, which can be isolated, the other, mingling with the bile, forms a third liquid, (intestinal juice,) which completes the digestion of the azotized substances.

All kinds of food are reduced under the action of the different fluids concerned in digestion to three classes, viz :

1st Class, Albuminose.

2d Class, Glucose.

3d Class, Fatty matter.

The albuminose class is absorbed by the veins and are poured into the general circulation and assimilated. The glucose is absorbed by the veins which empty into the vena porta, and traverse the tissue of the liver. The third class, or fatty matters, having been dissolved by the pancreatic fluid, are absorbed by the lacteals, and constitute the chyle, which probably undergoes a further change in traversing the mesenteric ganglions; it is constantly alkaline. Besides the element already mentioned, chyle contains lymph held in suspension, which has been erroneously supposed by some to be vegetable chyle. It is owing to the presence of lymph that chyle coagulates. After passing through the mesenteric glands, it assumes a rosy hue, which is owing, according to some physiologists, to the admixture of blood. Teedeman attributed this color to the lymphatics of the spleen.

These discoveries are, I think, calculated to shed light upon certain forms of indigestion, whose seat has heretofore been placed in the stomach; and we may be induced to search elsewhere for those derangements of the functions of digestion placed under the *omnium gatherum* head of dyspepsia. A better plan of treatment may be adopted—a more appropriate diet, one which may leave the suffering organ in a greater state of repose; thus, there have been cases of dyspepsia reported, which have been cured by confining the patient to a diet of fat bacon, which was supposed by most persons to be peculiarly indigestible; here was a mystery which was explained by saying that, what was one man's food was another's poison. Would it not have been more philosophical to say that such a diet did not tax the stomach; that organ being left in a state of repose, nature was enabled to repair the injury induced by the imprudence of the patient; the pancreas in the mean time furnishing the digestive agent? Again: when the stomach is the seat of any chronic disease, do we not recommend a farinaceous diet, because experience has taught us that these articles of food are of easier digestion? I think that now a better reason can be given, when we know that the stomach is not called upon to aid in digesting them, but that this process is carried on in the duodenum.

We find also in certain forms of dyspepsia, that solid food is the most appropriate diet; now, bearing in mind the functions of the stomach, whose office it is to digest the azotized class of aliments, should we not be led to ascribe the dyspepsia to a derangement of some other organ concerned in digestion; for assuredly, if the stomach was the seat of disease, it would be somewhat paradoxical if it digested well that class of food for which all agree it is principally designed, and that class in the digestion of which it is only remotely or not at all concerned should be rejected. Would it not be more reasonable to refer the seat of disease to those organs whose especial office it is to digest the amylaceous class of substances, and that therefore, this kind of food was rejected, and that the stomach being free from disease, digested as usual the nitrogenized matter, for which it is peculiarly fitted?

Arsenical Testing.

BY JOHN HERBERT CLAIBORNE, M. D., PETERSBURG, VA.

The color and tastelessness of arsenic, the readiness with which it may be obtained, and, above all, its uncompromising and implacable enmity to life, mark it as an agent peculiarly fitted to meet all occasions upon which it is desired insidiously and criminally to bring about death. In the annals of crime and turpitude, its deeds are recorded as many, sure and murderous; while to the wavering mind of the unhappy suicidist, it has appeared as kindly as Cato's sword—his bane and antidote. From these features it is invested with especial interest to the jurist and physician, as upon them may devolve the task of relieving the wretched being writhing in the agony of its cruel torture, or of dragging to deserved punishment the dastardly fiend who faithlessly places it to his neighbor's lips. Its modes of test and detection are oftenest committed to the physician; and to qualify himself for the weighty responsibilities of this important office is befitting his most active care. In a late case, reported in the *Philadelphia Medical Examiner* for March 1851, a slight inaccuracy, or a want of minuter research upon the part of the medical testimony, has delivered from the condign reward of his deeds, a wretch whom the clearest circumstantial evidence had convicted of murder, and returned to society a villain and an assassin. In view of this case, and in recently experimenting in arsenical tests, and reviewing some of those proposed and commended by the most eminent toxicologists, we have determined to publish the very accurate and conclusive methods devised for the detection of the poison—less, indeed, with the hope of presenting any new or original experiment, than with the desire of awakening the minds of the profession in Virginia to a subject which, though so important, has, in very many cases, we believe, laid long unnoticed.

The form in which this substance is usually administered, criminally as well as medicinally, is in that of the oxide of the metal ar-

senic, termed arsenious acid, commonly called by the uninitiated ratsbane—sometimes fly powder, and occasionally, very improperly, cobalt. It is a transparent, vitreous mass when first sublimed; but, as seen in the shops, is a white powder, tasteless, inodorous, except when heated, assuming then the smell of garlic, and very sparingly soluble in cold water.

If in a case of suspected poisoning a portion of stuff of this character be found, under suspicious and unexplained circumstances, make a solution by throwing some of it into pure, (better distilled) hot water, and if it be arsenic, the following tests will easily prove it:

Ammonio-nitrate of silver, prepared by making a *strong* solution of nitrate of silver, and carefully dropping into it aqua ammonia, till the precipitate falling is nearly re-dissolved, will throw down from the suspected solution, if arsenic be present in it, a yellow precipitate, arsenite of silver. An excess of ammonia will instantly re-dissolve this and give a clear solution; hence the care necessary in preparing the ammonio-nitrate.

Ammonio-sulphate of copper, prepared similarly and with like care, will throw down from another portion of the suspected solution, if arsenic be present, a green precipitate, arsenite of copper—a common pigment known as Scheele's green.

Hydro-sulphuric acid gas, bubbled through a third portion, will, if arsenic be present, throw down a yellow precipitate, orpiment—sesquisulphuret of arsenic. If the supposed arsenic have been dissolved in pure water, the evidence of these tests may be deemed conclusive.

But it is in very many instances impossible to obtain so pure a solution of the suspected substance. We are often considered fortunate to obtain it even in the form of discharges from the stomach and bowels; and when mixed there, with a variety of organic material—vegetable and animal. The presence of these matters will variously interfere with, change the color of, or prevent the precipitates that should be thrown down by the two former tests, while the presence of any free alkali will prevent the formation of the yellow precipitate by the hydro-sulphuric acid. The organic matters, before experimenting, must be gotten rid of, and the following process of doing this is simple and effectual: Boil the suspected matter for an hour in distilled water, then filter, and set the liquid aside to cool. This will, to a great extent, remove all organic material. If it should not, the addition of a small portion of acetic acid will give a flocculent precipitate, and the mixture must be still further purified by adding to it a strong solution of the oxide of zinc in potassa. The oxide will unite with and carry down all of the remaining organic matter, and the potassa will remain in solution in the form of an arsenite. Now filter—neutralise a part of the liquid by the addition of an alkali or acid, as the test paper shall indicate necessary—and proceed to test with the ammonio-nitrate of silver and copper, as in the last case. The ammonio-sulphate of copper will throw down a green precipitate, if arsenic be present in the proportion of one to five thousand parts of the liquid—the ammonio-nitrate of silver, a yellow precipitate, if arsenic be pre-

sent in proportion of one to four hundred thousand parts of the liquid. Take a third portion of the suspected fluid and bubble through it hydro-sulphuric acid gas—having first, however, acidulated this portion, as the expected precipitate, the sulphuret of arsenic is highly soluble in any free alkali. If arsenic be present to the two hundred thousandth degree, a yellow precipitate will fall. But the sulphurets of antimony, tin, cadmium and selenium are also yellow, and if either of these metals be present in solution will likewise be precipitated. Hence it becomes necessary to examine this precipitate more minutely. Obtain it by filtering—carefully dry, and place it down to the bottom of a clean glass tube hermetically sealed at one end—throw down upon it twice its weight of powdered charcoal and carbonate of soda—wipe the glass out carefully down to the mixture by a piece of cotton on the end of a wire, and heat the closed end in the flame of a spirit lamp. The carbon will abstract the oxygen from the minerals, arsenic and soda, and carbonic acid will escape—the sulphuret of sodium will be formed and metallic arsenic be sublimed, depositing a dark ring upon the tube where it is condensed a short way above the materials heated. But antimony treated in a similar manner will also give a dark metallic ring—and how shall this be known from arsenic? Cut off the tube below the ring, incline it and heat the lower end so that a current of atmospheric air may pass through it. The metallic arsenic will be oxidised, arsenious acid will be formed and seen depositing in white crystals above the ring. This may be taken, washed out into a tumbler of distilled water, and easily tested as a pure solution of arsenic. This experiment may be considered conclusive.

But it sometimes happens that none of the ejections from the stomach or bowels can be obtained. In the absence of suspicion, these are usually thrown away, and when the question comes up for medico-legal investigation, the body of the deceased is all that remains, or even this may have been buried for weeks or months. If, however, the stomach or bowels can be procured, the presence of arsenic, may even now be detected, if it exist, only requiring minuter investigation for its detection than in the former cases.

Let the procured matter be weighed, whatever it be—perhaps a part of the stomach—add to it one-sixth of its weight of sulphuric acid, and digest for a day or two. The organic matter will be transformed by the action of the acid into carbonic acid and water, and a char will remain as a sediment. Now add to this one-sixth of its weight of nitric acid and the char will be consumed and a clear solution be left. The fluid is now ready for the test; and to determine whether arsenic be present, we will resort in this case to the plan devised by Marsh, upon the principles of the powerful affinity of hydrogen for arsenic. He has constructed an instrument especially for the purpose, but it is not always readily obtained, and the experiment can be as well conducted without it. The only object is to cause hydrogen gas to be generated within the suspected liquid, and the most convenient manner in which this can be done will prove the test. Let us place the liquid to be tested in an ordinary glass retort—add

to it a little sulphuric acid and throw in some pieces of zinc—hydrogen gas will be immediately generated by the action of the acid on the metal, and in its nascent state will seize upon the slightest portion of arsenic present. The gas which then escapes will be arseniuretted hydrogen. Permit this to escape until there shall cease to be any admixture of atmospheric air, to avoid the accident of explosion, which would necessarily ensue upon firing the mixed gases, and then apply a taper. Hold over the burning gas a cold, polished surface, as of a piece of porcelain or glass, and the sublimed arsenic will be condensed in a dark, metallic spot; or we may cause the gas to pass through a small glass tube, and without firing it, heat the tube through which it passes. Hydrogen will be driven off and a black, metallic ring, arsenic, be deposited. This process will detect the presence of arsenic to the five hundred thousandth degree. It will reveal the existence of one hundredth of a grain in a pound of stomach. (Prof. R. E. Rogers.) This experiment might be considered as perfected at this stage of the process—but for the fact that hydrogen will form with both antimony and mercury compounds, which, burning, will each give the characteristic dark ring. And may not the unfortunate victim of crime possibly have taken calomel or tartar emetic in his last illness, and thus introduced mercury and antimony into his system as well as arsenic? And would not this possibility materially affect the legal consequences of the medical testimony, if not the truth of the case?

In a criminal case tried some years since in New York city, a medical man, summoned as a witness, swore, upon the strength of this experiment of Marsh's, that he could tell the shadow of a shade of arsenic without doubt or deception; and pointed to the black, metallic ring to sustain him. But a shrewd lawyer, in minute research, prompted by a lawyer's characteristic regard for justice and love of the whole truth, discovered that mercury similarly treated with hydrogen as arsenic would give a similar dark ring; and therefore our medical friend proved too swift a witness. The experiment, however, may be made perfect. If heat be applied to the metallic spot or the metallic ring, and it be arsenic, it will be volatilized and disappear, because the point of volatilization in arsenic is below its point of fusion. On the contrary, if the metal be mercury or antimony, it will melt and run into globules. Or the tube may be cut off, containing the ring, inclined and heated so as to cause a current of air to pass over the ring, when, if it be arsenic, white crystalline arsenious acid will be formed, which may then be tested by being thrown into solution and acted on by ammonio-nitrate of silver, ammonio-sulphate of copper, and sulphuretted hydrogen. Or it may be thrown into a test tube with flux and be re-sublimed, which will cap the climax of perfective experiment. Great care is necessary, however, in the choice of the materials to be used in experimenting. The common sulphuric acid of commerce, and more especially the zinc, sometimes contain arsenic in sufficiently great proportion to respond to these delicate tests; and hence, if not known to be perfectly pure, they both should be tested before being used in an experiment where life or death may be concerned.

The glass of the tubes, in which the suspected materials may be placed previous to being treated with black flux, may also readily deceive the experimenter by giving, when heated in the spirit lamps, a ring of metallic lead, the oxide of which they contain. These might also be tested. The French manufacture tubes of pure leadless glass, (silicate of soda,) especially for the purpose of being used in this delicate testing, and these, if procurable, are greatly to be preferred. Lais-saigne proposes the following plan of separating the arsenic from the hydrogen, when the arsenieureted hydrogen gas has been obtained. Pass the gas through a solution of the nitrate of the oxide of silver, the hydrogen will seize upon the oxygen of the oxide, metallic silver will be precipitated, and nitric and arsenious acids will be left in solution. Add a little muriatic acid to precipitate any silver that may be in excess—filter and evaporate the solution. Arsenious will have become arsenic acid by absorption of oxygen from the nitric, but it will be left on the filter, and may then be treated with the usual tests.

Dr. Christison commends a plan devised by Professor Reinsch. He throws into the suspected fluids muriatic acid and copper. If arsenious acid be present, it will give up its oxygen to the copper; the muriate of the oxide of copper will be formed, and the arsenic will appear in a steel grey deposit upon this. As antimony, bismuth, tin and zinc, if present, might also give a deposit upon the copper similar to arsenic, and only differing a little in color, it is necessary that this should be sublimed from the copper, and the usual tests exhibited.

The ease and accuracy with which these experiments may be conducted, afford to the physician and jurist an efficient and gratifying means of basing their decisions upon the truth; while the certainty which must attend their results ensures to the accused the benefit of that justice which the law metes out.

In a case in which life and death are concerned, probably no strength or clearness of circumstantial evidence should render unnecessary the eliciting of the metallic ring; and if one link be wanting in the chain, or the slightest doubt of the guilt of the prisoner pervade the mind of the jury, the evidence of the minutest chemical investigation should be required.

It may not be amiss to state in conclusion, that the antidote of arsenic, the hydrated sesquioxide of iron, which is not always readily obtained, may be crudely prepared in a few minutes by adding a saturated solution of carbonate of soda to the muriated tincture of iron, (Rogers,) until effervescence ceases. The mixture, containing nothing but the muriate of soda or common salt in solution, and the hydrated sesquioxide of iron in sediment, may be administered by the wine-glassful. It is harmless in itself, and if arsenic be in the stomach or bowels, will form with this the insoluble and inert arsenite of iron, and consequently prevent its further pernicious action. This may then be caused to be ejected by cathartics and emetics; and the inflammatory or other symptoms of the previous action of the poison be treated on general principles.

On Turpeth Mineral in Scarlatina.

BY T. J. GARDEN, OF WYLLIESBURG, CHARLOTTE, VA.

I noticed in the February No. of the Stethoscope, that Professor Mettauer of Randolph Macon, in his paper on scarlatina, has made an apt and appropriate allusion to a vaunted specific, "Turpeth mineral," used within the last 20 years as a secret remedy by a physician and graduate of Virginia, in this formidable disease. As it has always been our aim to find out the truth, and to make it known, we deem it a fit and suitable occasion to re-publish, in a respectable medical journal, some interrogatories published by us in the Enquirer about the time referred to by the professor, with a view, if possible, to elicit the whole truth in relation to this mooted subject. A reply now, through the columns of a medical journal, will enable the professional public to decide upon its merits. Should that verdict be in its favor, the disease will at once find a local habitation and a name, and be shorn of its terrors everywhere. A reply was promised us at that time through the columns of the Philadelphia Journal, (Hays'), but it has not as yet, to our disappointment and regret, seen the light. One thing is certain, there is truth in it, or the unprofessional public, by a strange delusion, were at one time made to believe a lie. Here follow the interrogatories:

1st. Dr. ***** near Finneywood, Charlotte, is likewise solicited to give his views of the *modus operandi* of his remedy as they present themselves to his mind, and to point out its superiority over other modes of treatment, as it is apprehended the mode he has adopted for giving publicity to it, will limit rather than enlarge the sphere of its usefulness?

2d. Whether the peculiar article employed by him produces, in addition to its more obvious operative effect, any specific impression upon, and change of condition in the diseased structure, whereby such a counteracting and resolved power is exerted over the disease as to supersede in its subsequent stages, in all cases, a resort to other efficient modes of medication?

3d. Does he not believe he has had, in the general, a mild disease to treat, (for there are grades of it from the mildest to the most malignant, the former of which the physician need not tamper with, and the latter he most assuredly cannot cure,) and that his remedy has been resorted to in a very large proportion of mild cases; and, is it not fair to infer, that it has obtained the credit of the cure very often in cases which were so very mild as would have resulted favorably if left to nature?

4th. Is he prepared to maintain, from multiplied observations and very considerable experience, from many trials, and from the observations of many under the direction of other physicians, by careful comparative observation of this with other methods at the same time and place, and in the same epidemic, and much more a thorough trial of this with others by the same practitioner, that his method is superior to all others?

5th. While it is admitted to be an undoubted fact that the fatal cases will unquestionably be found to be less numerous in this, as in all acute diseases, under some plans of treatment than under others, should the advocates of this exclusive method not beware of doing such injustice to themselves as to make any pretensions to its curing all cases, or that it is to be "relied upon with as much certainty as mercury in syphilis;" for is it not equally certain that a certain proportion of all acute diseases, under ordinary circumstances, will always be found incurable; and that, too, under any and every method of management?

6th. Whether by his mode of treatment the patient is relieved from the dangers of a terrible factitious disease, and is in no danger of being subjected to subsequent exhaustion or excessive morbid irritability, and the necessity of struggling both against exhaustion and a violent factitious malady, oftentimes the worse disease of the two?

If an affirmative answer can be given to this last interrogatory, and clearly sustained, herein, I imagine, will be found to reside the virtues of the doctor's specific in scarlet fever; for, although the disease may be inflammatory, I maintain that this state or condition is not always the same, and that tartar emetic and the lancet are not always the safest and surest means of subduing it. Evidences to this fact are not wanting from numerous sources, and may be obtained from almost daily observation. I consider the lancet in this disease as a "sword put into the hands of a fool," an agent of destruction and devastation, rather than an auxiliary in the treatment. I design to condemn its abuse, not its use. No argument with me, however, "like matter of fact," is in a science which does not rest upon abstract reasoning alone, than which nothing has contributed more to retard its progress, or lead its votaries so wide from the truth.

The foregoing enquiries are submitted in the true spirit of science. Truth, humanity itself, and the honor of the profession demand they should be met in the same spirit.

The interest we feel in this matter, too, has suffered no abatement from the fact that another physician and graduate of Virginia, who, to our face, at one time, was clamorous in his denunciations of the doctor and his specific, was afterwards seen writing and publishing his praises of its virtues and powers in this very disease in a Western journal; so that his opinions, when seen in private and exhibited in public, appeared in opposite shades of light and color. If my memory serves me right, that writer stated he had seen it used successfully in one hundred cases, without witnessing a solitary fatal result. Wonderful success! He stated that the specific action of the mineral on the system was speedily developed, and in this way he accounted for its success. Turpeth mineral is a violent emetic, *and if not skillfully wielded*, would inflict direct injury. We all know how credulous persons are who are the victims of disease in regard to *secret nostrums*, and that a man of intelligence, who will scruple to confide his health to the care of such physicians, as should be the just objects of his confidence, will venture to take, through an unaccountable infatuation, the most dangerous medicine, upon the credit of an imposing ad-

vertisement. In charity we are willing to award to the author of this pretended specific a tact in the use of it which few can claim. This is true of most remedies, and applies to all physicians—not that the individual is a man of superior skill either, but has a greater tact in the use of some particular remedy, and is thereby enabled to produce effects which none other can. For the information of such as may feel inclined to give this remedy further trial and more extended observation, we will just state that the mode of using it, as taught and practised at that day, is simple enough. The mineral is blended with a few grains of ipecacuanha and simply rubbed upon the tongue until the tongue is lightly coated. The patient, if a child, is made to suck a bit of sugar, which washes down the mineral and ipecacuanha. Vomiting speedily ensues. If an adult, the mineral and ipecacuanha are blended in relative proportions with a little hot water in a spoon. If its action prove too violent, either by emesis or catharsis, it is checked by a little laudanum or paregoric. The balance of the treatment consisted in diluent drinks, and teaspoonful doses of castor oil to keep the bowels free, with an occasional sinapism to the epigastrium. Seventeen years ago, when scarlet fever was endemic in our vicinity, a great deal was said on the subject of the success of this remedy. This perhaps was all cabaling. We do not assert that it was so, but perhaps it was so—we were in the habit ourselves of making comparative observations with other modes of treatment. In one family, the only fatal case was treated with the mercurial emetic. In this case, the child was vomited in half an hour after the disease developed itself. It was a family of rank and fortune, and as we were required to spend a great part of the day, and five successive nights with the family, no time was lost in its administration. I recollect at that time we were inclined to attribute the secret of the success of this remedy more to the *non-perturbing treatment afterwards*, than to any specific action of the agent employed. It was a form of scarlatina in which more was done by not doing, than by doing at least in a large proportion of the cases.

Until physicians are more successful and less divided on the mode of treating this disease, further facts and observations from any quarter will need neither preface nor apology; for it is only by a faithful narration of its pathological anatomy, and the effects produced on it by remedial agents, whenever it has been epidemic in the *same* and in *different* places, that its treatment can ever be correctly ascertained. Some may think the general stock of information already possessed on this subject sufficient. Experience has long since proved that the same remedies produce very different effects in the same disease, at different times and in different epidemics. Stimulants, emetics, cathartics, mildness and harshness, are only relative terms. We have seen tartar emetic purge and calomel puke, and stimulants impart no strength; and within the last thirty years we have seen small doses of castor oil operate as a hydrogogue cathartic, and kill the patient. In the same state of the system we have seen spts. terebinth., the mildest of all purgatives.

A few Observations on Placenta Prævia.

BY THOS. J. YOUNG, M. D., OF PRINCE GEORGE COUNTY, VA.

It is not my intention, in considering this subject, to enter into a detailed or very elaborate account of the causes, symptoms, and various methods of treating this most appalling condition: (for all these I find to have been sufficiently, and very ably animadverted on in the January Number of the *Stethoscope*.) It is my purpose only to offer a few concise and common-place remarks, in *condemnation* of a plan of treatment now in vogue with some, and which I find discussed at some length in the article above referred to, viz: with the tampon. Not that I wish to detract anything from the merits of the tampon as a remedy in treating uterine hæmorrhages generally: nay, for within itself, when judiciously and timely applied, we have a blessing for the mother, when all other means have failed to afford her relief. But as the mother is not the only one to whose welfare the physician in the practice of his obstetrical vocation is called upon to look, it behooves him to discriminate nicely the cases for its application, lest it prove in his hands a curse, in lieu of a blessing. Would any accoucheur think of introducing a tampon into the vagina, so long as a hope of saving both parent and offspring existed, or until the sacrifice of the child was called for to warrant the security of the mother? Surely not. Then, if he thinks not of this, why should he advise its introduction in placenta prævia when the os uteri is neither dilated or dilatable? Does he expect by this means to plug the orifices of the bleeding vessels, and thus remedy the evil? If this he could do, by bringing the tampon into immediate contact with the gaping vessels from which the blood is issuing, it would be indeed a happy resort; but when we take into consideration the relative position of the vagina and uterus, and the undilatable state of the os uteri, we see at once the utter impossibility of such contact, and are led to the conclusion that the tampon, by confining the blood, and damming it back upon the uterus, converts the previously open, into a concealed hæmorrhage, and thus enhances the danger tenfold. The blood will continue to flow with every renewed contraction of the womb, and having no outlet through which it can pass, will necessarily collect in the remaining portion of the cervix uteri, and between the superficies of the womb and placenta, dissecting the latter body entirely from its seat on the matrix—and in this manner effectually shutting off the natural supply of oxygen from the foetus, the result of which is evident to the merest tyro in medicine. This is the first objection to its use that should present itself to the mind of every discriminating accoucheur, and is within itself of sufficient magnitude to deter him, and stay his hand whilst yet it is not too late.

A second objection to its use, is this: The capacity of the womb, from the fifth month of utero-gestation until the completion of term, is such that it is capable of containing blood enough to endanger the life of the female, notwithstanding the vagina may be securely tamponed.

There is yet a third objection, although of less importance than the two preceding, yet it is of sufficient weight to demand our attention. It is this fact, (which has long been familiar to the profession at large,) that the presence of a coagulum of blood in the vagina and uterus so depresses the nervous system of the parturient female, that she will die of exhaustion, (if not relieved by breaking up and turning out the clot,) long before the loss of blood is sufficient to produce such a deplorable catastrophe. Let me add, in conclusion, that I renounce the practice as hazardous in the extreme; and I consider it a duty incumbent on my professional brethren to view it in all its bearings before putting it to the test. Let them consider well the dangers of converting this open into a concealed hæmorrhage, which I have endeavored to show is: first, The certain loss of the child by asphyxia; secondly, the capacity of the womb being such as to make it a questionable remedy; and thirdly, the extreme nervous depression caused by the presence of a coagulum of blood in the uterine cavity. Let them, instead of experimenting rashly with their patients, look calmly and reflectingly to the exigencies of the case, and model their treatment accordingly. I much wish that time would permit me to lengthen out this essay, and discuss at some length a different and a much safer plan of treatment; but as I have neither the time nor the inclination to be prolix, I will draw my remarks to a close, hoping at some future time to be enabled to do the subject more justice.

Hydrocephalus.

MARCH 1851.

Dear Doctor: As I prefer this mode of communicating a case I recently met with, I send you the report of a case of hydrocephalus supervening upon the sudden disappearance of an eruption of integuments of the cranium, with profuse serous discharge—a fatal termination. W. W. B., infant child, aged five or six months, was troubled from very early infancy with a spontaneous scaly eruption of the species pityriasis capitis of Willan. This eruption, as I learn from the parents of the child, first presented itself in an isolated form, but soon began to spread uniformly over the head, until the entire scalp was involved. Unlike scurfiness, as described by authors, there was always more or less redness, indicating an inflamed condition of the parts, only to the extent, however, of maintaining, as I supposed, a natural process which nature had adopted, whereby the system might be freed of some vitiation by a serous discharge, which was quite profuse up to within ten days of the child's death. This state of things continuing, and seeming to bid defiance to the many little soothing applications made by an anxious mother, induced the parents to consult me in regard to the propriety of "drying it up," (to use their own expression,) which I positively admonished them against, having been informed that the child enjoyed uninterrupted general health, and perceiving, as I supposed, a *hydrocephalic* diathesis. Unfortunately for the child, the mother, (as they usually do,) considering the

personal appearance of primary importance, and not appreciating the principles upon which my advice was founded, employed poultices of various kinds, with a view of relieving the inflamed scalp and thereby relieve the child of the excessive itching with which it was troubled. After the application of some three or four poultices, there was an apparent amendment in the local affection, which continued rapidly to disappear, until there was not a trace of lesion to be seen of the former eruption.

About this juncture the parents discovered the child somewhat indisposed, which, continuing for several days, induced them to send for me. Feeling more than an ordinary interest in this little child, I was quite surprised, and at the same time uneasy, at finding the head entirely relieved of what I conceived, from the first, to be an *issue* set up by nature for the purpose of relieving the system of some vitiation, or as the ancients supposed, "peccant humors." Though there were no physical symptoms prognosticating the existence of effusion when I first saw the child, still, when I was informed that the child, naturally lively, had been disposed to be drowsy and fretful for several days, I had my fears excited in relation to what might be the ultimate issue of the case. I must confess, that had I not known the circumstances under which the symptoms, drowsiness, fretfulness, &c. were ushered in, I would not, at so early a stage of the effusion, have pronounced it emphatically hydrocephalus. My suspicions were only aroused, knowing that an issue discharging a vast quantity of *sero-purulent* matter had been repelled, during the existence of which the child enjoyed perfectly good health. These facts, linked with the symptoms, drowsiness, a fretful disposition, &c., warranted me, as I thought, in suspecting more or less effusion about the brain.

After prescribing such remedies as I thought the symptoms indicated, I left the child to see it the next day. On my next visit I was very much disposed to believe the child better, finding the symptoms not so threatening, and, as I thought, a general improvement in every way. The next morning, however, I was summoned, at an early hour, with the melancholy tidings that the child was worse, and on my arrival found all the symptoms greatly aggravated. The case now evidently presented symptoms which I could not mistake for any other than those of incipient hydrocephalus. These alarming symptoms gradually increased day after day, with dilated pupils—the eyes remaining nearly all the time open and intently gazing, without expression, at some stationary object. In a short time spasms supervened, at irregular intervals, lasting from a few minutes to an hour and a half, the little creature apparently suffering the greatest agony, evinced by loud and unnatural shrieks, distortion of the frame, &c. This state of things continued for *forty-eight* hours, more or less, when the child expired. It would be proper to state that the pulse throughout the attack presented no peculiarity—there being very little excitement, and it was generally soft and yielding, contra-indicating the presence of inflammation.

Remarks.—This is a very interesting case, in a pathological point of view, and tends to elucidate somewhat the difficulties, acknowledged

by authors to exist, in discriminating between hydrocephalus as a disease, or merely a symptom of disease. There is great contrariety of opinion with authors in regard to this disease—some believing it to be unlike the other hydropic diseases dependant upon the development of a peculiar diathesis, but rather the result of some *pre-existing* inflammation or irritation—thus making it merely a symptom of inflammation or irritation of the brain, or its meninges. Bell and Stokes say, “The old idea of this affection was, that it was a species of dropsy, depending on the relaxed state of the cerebral vessels, and hence the term hydrocephalus. Modern pathology has shewn that the occurrence of serous effusion is a mere accidental circumstance, as it is present in one case of arachnitis and absent in another. When it does occur, however, it is the result of inflammatory disease, and it is to the prevention and cure of this that the practitioner must direct his attention.” This I conceive to be very bold language in the face of the strongest evidence in support of hydrocephalus, sometimes originating in its own peculiar way, and in direct opposition to the experience of many authors enjoying equal celebrity.

Dickson confesses his embarrassment in defining the disease pathologically, but dissents from the doctrine preached by the authors quoted above. He adduces good authority, and also relates many cases as occurring in his own practice, supporting the doctrine of metastasis of serous effusion.

Wood says—“It is possible that the same condition of the blood and of the extreme vessels, which sometimes induces dropsy in the cellular tissue and the serous cavities, may operate in the brain so as to occasion hydrocephalus, especially when, from a want of union between the bones of the cranium, little resistance is offered to the accumulation.”

Underwood also speaks of scirrhus tumors, a watery state of the blood and debility as sometimes occasioning the disease in question. I might adduce (were it not for taking up too much room in your valuable journal) many more authors to substantiate the opinions maintained by those already mentioned. The authority last quoted, as corroborative evidence with my own experience, (however limited,) forces me to support the latter doctrine, and to believe that hydrocephalus may exist independent of previous inflammation.

That cases of hydrocephalus do sometimes occur as the sequelæ of arachnitis I readily admit, but to suppose that, every case of dropsy of the brain is necessarily dependent on a *pre-existing* inflammation of the tissues of the brain is, to me, preposterous. Dr. Rush, in speaking of dropsy of the brain being sometimes occasioned by the exanthema, says, “I have seen one case of dropsy of the brain, in which it was obviously the effects of debility induced upon the system by the measles.” There is such a thing, we know, as congenital dropsy of the brain, evinced by an unnaturally large head, together with fluctuation on percussion; and this state of things has existed for months and years, and the child ultimately recovered without the slightest appearance of inflammation of the brain or its membranes, or even functional derangement of this important organ,

which latter phenomenon, we know, is an almost invariable attendant upon inflammation or irritation of the brain. I have seen a case in which the head was swelled to an incredible size, and, as I was informed, had gradually increased in size from birth, to the extent of rendering the child (now three or four years old,) unable to elevate the head erect on the vertebral column—the head, obeying the laws of gravity, would fall in any and every direction, the child seeming to have no control whatever over it; and, notwithstanding, so far from phrenitis or arachnitis accompanying these extraordinary phenomena, the child enjoyed perfect health; its appetite was uniformly good, and, what was astounding, was noted for its sprightliness of mind. As my purpose is of a twofold character—first, to adduce the case described above to substantiate the doctrine that dropsy of the brain does sometimes occur, independent of antecedent inflammation of the brain or its meninges—and secondly, to remonstrate against an endeavor to repel eruptions of a similar character, knowing it to be the practice with some to use various unguents, with a view of affording speedy relief—after having briefly noticed the reasons that induce me to yield to the theory of metastatic influences, producing the disease in many instances, I propose noticing some principles that should ever direct us when we are called on to prescribe in a case similar to the one reported—indeed, in treating any spontaneous issue set up by nature in her sovereignty, for wise purposes, though not appreciated by us. When we reflect on the many ways nature has to accomplish her ends, when her fair fabric is assailed, and the success usually attendant upon her efforts, when unfettered and displayed in her own favorite way—I say, we should pause and survey the ground well before we adopt any measure, even adjutant to her own means, much less those at war with every principle, and inconsistent with the very nature of the case. Let us take a few cases for example, illustrative of the wonderful feats of nature. How frequently, after spending anxious days and nights, in a case of fever, after all our means have been fruitlessly exhausted, and the monster, disease, as it were, seems to reign “monarch of all he surveyed,” a floodgate, somewhere or other, is opened, and the pent up and vitiated secretions, which were working disorganization and death, are permitted freely to escape, and the “*vis medicatrix nature*” to collect its scattered forces. Hence the critical sweats; critical hæmorrhage; critical diarrhœa; the copious expectoration, and urinary discharge, which we hail with so much pleasure—to stop or suspend which, would almost certainly ensure the death of the individual.

Might we not apply the same reasoning to other morbid conditions of system besides fevers, and reasonably conclude that, for every abnormal state of the economy, there is some process by which nature endeavors to administer relief? I should say we might. The same might be said of eruptions almost of every description. There is some internal disorder which they are intended to modify or correct—hence the fatality attendant upon the exanthematous diseases, because of a too frequent interference with, and blocking up, the way

marked out by nature for her own footsteps. Modern writers are more negligent, I think, than the ancient, in impressing the importance of duly considering the designs of nature in establishing issues and critical discharges of every description. That physician who conforms more nearly, in the treatment of disease, to the modes usually practised by nature, will have his efforts more frequently crowned with success, and deserves more richly the encomiums which should be heaped upon the medical man of science. No one, I imagine, after reading the history of this case, would question that the sudden disappearance of the eruption, and the serous discharge consequent thereon, was the "*causa proxima*" of the effusion upon the brain, which resulted in the death of the child. Nothing, we know, is more common than for us, in endeavoring to remove a disease safely located, to transplant it to some vital organ. In such a case, the primary disease either assumes its original type, or puts on an entirely new garb. Remedies are sometimes prescribed in the eruptive diseases of the integuments of the scalp and face, peculiar to children, with no view to their specific action in relieving or repelling the eruption; but such remedies, while they do not thus act, may occasionally combat successfully the excitement or irritation upon which such eruptions or discharges depend. I do not, therefore, always see the necessity of interfering with such diseases, (beyond cleanliness,) when we see the child enjoying good general health. We should also bear in mind, that these diseases are most frequently met with in children of robust and vigorous constitutions, and generally in a few weeks, or months, at least in due time, the affection disappears, leaving the child in the enjoyment of permanent health.

With the hope, dear sir, that you may have your most sanguine expectations realized in the laudable enterprise you are engaged in, and that the profession, particularly in the South, may feel it their duty as well as privilege, to contribute to the efforts of the first individual (that we know of) who attempts to edit a medical journal in this state, I subscribe myself,

Most respectfully, yours,

J. WISTAR WALKE,

Clover Hill Coal Mines, Chesterfield County, Va.

DR. P. CL. GOOCH, *Editor of the Stethoscope.*

Case of Re-section of the Ununited Ends of a Fractured Femur.

BY CARTER P. JOHNSON, M. D.,

Professor Anatomy and Physiology Medical Department Hampden Sydney College.

The subject of this operation was brought before the class in the operating room of the medical college, on Saturday, November 30th, and the following statement made in reference to the case:

P. F., an Irishman, about 19 years of age, of robust frame, in sound and vigorous health, was brought into the wards of the infirmary on the 20th August, having just suffered fracture of the right thigh by the falling of a derrick connected with the gas-works then in process of erection in this city. Upon examination, the fracture was found to be very oblique from behind, forwards and from above, downwards, in the upper third of the bone; the leg was consequently much shortened. As there was much swelling and pain about the seat of the injury, the limb was temporarily placed in a fracture-box and cold applications made until the third day after the accident, when, the swelling having sufficiently subsided, the fragments were adjusted and the limb placed in Smith's fracture apparatus. Shortly after the application of the apparatus, an important part of it broke, rendering it necessary to remove it altogether. The limb was then carefully adjusted in Physic's modification of Desault's apparatus, which effectually maintained the fractured fragments in apposition. During the night, the patient finding the extending bandage pressing uncomfortably upon the foot, removed it, and at the next visit the parts were found in precisely the same condition as before the application of the instrument. The apparatus was again carefully adjusted, great care being taken to protect the heel and instep from undue pressure. At night the patient again removed the bandages, and though continually warned of the consequences of his folly, continued to remove them for fourteen or fifteen days after their first application. Ultimately, by the use of Barton's handkerchief, in lieu of the ordinary bandage, the apparatus was applied in such a way as to give him no pain. We have reason to believe, however, that by the aid of a fellow patient in the ward, who had observed the simple mode of applying the handkerchief, he continued to loosen the extending band every night, escaping detection by having it tightened again in the morning before the wards were visited by the dresser.

At the expiration of eight weeks after the application of the apparatus, it was removed, and no evidence of union appeared. The leg was immediately retracted about two inches and a half, and the broken segments of the thigh could be freely moved upon each other. There was no crepitus, shewing that the ends of the bone were covered, and that a false joint had been formed. There can be no doubt that this most unfavorable termination of the treatment of this fracture was caused by the continual motion between the fractured ends of the bone whenever the bandages were removed by the patient during the period when callus was being thrown out, and when it was most important that perfect immobility of the parts should be preserved.

Such having been the result, the question occurs, whether the patient should be subjected to any further treatment. If permitted to remain as he is, his limb will not only be entirely useless, but a positive inconvenience to him. He is unwilling to submit to amputation, nor do we advise it. With the hope of producing union between the ends of fractured bones thus ununited, several modes have been proposed, viz: long continued rest, accompanied by pressure, friction of

the ends of the bone and the seton. None of these remedies, I apprehend, are applicable, except in cases of transverse fracture, or where the obliquity is comparatively slight; and in the case now under consideration, where the ends of the bone so overlap as to be separated from each other at least three inches, could be of no avail. The only other remedy proposed worthy of consideration at this time, is that of resection of the ends of the bone and the co-aptation of the transverse surfaces thus exposed. This, where the bone involved is the femur, becomes a difficult and a hazardous operation. Do the statistics in reference to this operation justify its performance? Out of 150 cases of ununited fracture collected by Dr. Norris, the operation of resection was performed in 38. Of these, 24 *were cured*, 1 amended, 7 failed, and 6 died. *Twelve* of these cases were in the femur, of which 7 *were cured*, 2 failed and 3 died. Now, when it is recollected that one of the most common causes of non-union of fracture is some constitutional affection, such as syphilis or scrofula, which would operate as powerfully in preventing the success of the operation as in producing the non-union, it is fair to presume that some of the failures in the above-mentioned cases were attributable to that cause. Applying these statistics to the case before us, where there is not only no constitutional affection, but the individual is in strong and vigorous health, and at an age when the nutritive functions are fully and perfectly developed, they would seem to justify and even to indicate the operation. It is regarded, however, as a most serious and hazardous operation, and has only been determined upon at the request of the patient, and after the whole of its danger has been fully explained to him.

After these remarks to the class, and after explaining the successive steps proposed to be taken in the operation about to be performed, the patient was put fully under the influence of chloroform, and kept so by applications repeated whenever he appeared to be emerging from the anæsthetic state, during the whole operation.*

The operation was then commenced by an incision extending from a point opposite the trochanter major to a point opposite the outer surface of the external condyle. This incision extended down to the fascia lata, which was then divided continuously with the first incision. In order now to reach the lower end of the upper fragment of the fractured bone, which was drawn forwards and outwards, the vastus externus muscle was separated from its attachments to the rectus femoris and held back by an assistant. With some little difficulty the extremity sought for was found, a chain saw passed around it about an inch from its termination, the section readily made, and the fragment separated from its ligamentous attachments and removed.

The next step in the proceeding, viz: the section of the upper extremity of the lower fragment, proved very difficult in consequence of the great retraction of this portion of the fractured bone. This lower

* This was one of the cases referred to by the Committee on Anæsthetic Agents, in their report published in the last No. of the Stethoscope, as having probably proved fatal in consequence of the use of chloroform. The sequel will shew, however, that there is no good ground for attributing the result to any other agency than the shock of a violent operation.

fragment was found drawn up to the lower portion of the genital region, and carried by the adductor muscles very considerably inwards, rendering its access by an external incision very difficult. Finding it impossible to reach the upper portion of this fragment through the separation already made between the vastus and the rectus, the vastus was then separated from its posterior attachments and turned forwards. After a very tedious dissection, in which the handle of the scalpel and the fingers were used very much to the exclusion of any cutting instrument, in order to avoid the risk of dangerous hæmorrhage, which was imminent, the extremity of the bone was at length reached, and with considerable difficulty, owing to its very great depth, the chain saw passed around it. This portion of the operation was much facilitated by carrying the foot across the opposite instep, so as to force the fragment sought for nearer to the external surface of the thigh. The chain saw, bound down both in front and behind by the thick muscles and the strong fascia of the thigh, was worked with difficulty, and before the section was accomplished, broke. A good metacarpal saw which was at hand, however, made a very good substitute, and with it the section was finished. The separated fragment, about an inch and a half in length, was then easily removed. The two opposite ends of the bone, thus rendered transverse, could then be brought accurately into contact, producing a shortening of the limb of about two inches and a half. The next step in the operation consisted in boring, with a small *bit and brace*, a hole in each of the ends of the bone thus approximated, through which a very strong silk ligature was passed by means of an eye-probe, and firmly tied. The holes were bored obliquely, commencing each about half an inch from the sawn extremity, and passing the one upwards and the other downwards, and terminating in the medullary canal. The ends of the ligature were brought out of the wound. The edges of the wound were then brought together, the limb lightly bandaged, a long splint applied along the whole posterior surface of the limb, and the patient put to bed with the leg resting upon a slightly inclined plane.

During the operation a good deal of blood was lost, a large portion of which was venous, and after its completion the patient, who had then recovered from the effect of the anæsthetic agent, was very pallid and excessively prostrated. Brandy and water was freely administered and warm clothing applied. Reaction took place very slowly; about four hours after the operation the pulse began to rise and the skin to regain its warmth. The stimulants were then used more moderately. The reaction, however, was never complete, and only lasted a few hours. During the night the pulse again began to flag and the patient became more restless. Stimulants, both external and internal, were again resorted to, and used very freely, but with no effect. The system seemed to have lost its power of responding to any agent, and in spite of the most active stimulating treatment, the patient continued gradually to sink until about six o'clock the next evening, just thirty hours after the operation, when he expired.

In this case I think there can be no doubt that the patient died from the shock or concussion produced by the great extent of the operation

and by the violence necessarily done to the tissues during its performance; and it is interesting as shewing that chloroform will not always, whatever it may do sometimes, prevent the occurrence of this shock after capital operations. Here chloroform was exhibited very freely, so much so as to induce the suspicion that it may have had some agency in producing the fatal result. That it did really have no such agency, would appear from the fact that the anæsthetic effect had entirely passed off before the patient left the operating room, and he had entirely recovered his consciousness. The symptoms, too, which preceded death, were all those with which we are familiar as characterizing the state of shock or concussion, not those of asphyxia or of coma.

This case is further interesting as pointing out to the young or inexperienced surgeon some of the difficulties in resection of the femur, which are not generally alluded to in the books, in which, apparently with the view to entice to operative surgery, oftentimes difficulties are concealed, with which the surgeon only becomes acquainted in the person of his first patient.

Mechanical Obstruction of the Intestinal Canal, produced by Worms.

BY L. S. JOYNES, M. D., ACCOMACK C. H., VA.

The following example of an unusual effect of worms in the alimentary canal, has appeared to me worthy of being recorded, both for its intrinsic interest and on account of its bearing on an unsettled question in pathology, which merits the attention of practical men.

No little difference of opinion has long prevailed among medical authors and practitioners, with regard to the degree of importance to be assigned to the presence of entozoa as a cause of disease. While one party has attributed to their local and sympathetic irritation an almost endless catalogue of disorders, another has maintained that except in rare cases, they are quite harmless: indeed, some have gone so far as to ascribe to them a positively beneficial agency, as *scavengers* of the alimentary canal. Some apology may be found for this under-estimate of the pathological consequence of worms, in the actual infrequency of any serious effects which can be *unequivocally* ascribed to their presence, and in the absurd abuse of vermifuges, arising from the manifest exaggeration of the opinions entertained on this subject by the public and a portion of the profession. It is, indeed, somewhat astonishing, considering what we hear and read of the ravages of these intruders on the human organism, how long a physician may practice, and successfully too, in cases popularly attributed to worms, without feeling once called upon to prescribe a dose of anthelmintic medicine. But a case will now and then occur, in which some abdominal disorder, or some nervous derangement, is so plainly dependant on the presence of worms, that scepticism is compelled to give way, and pink-root, wormseed and turpentine are appealed to, of necessity.

Among the local effects ascribed to these parasites, some authors allude, in terms of doubt, to the possibility of their occasioning, by their agglomeration, mechanical obstruction of the intestines. Dr. Joy, of Dublin, in his very copious and learned article on the subject, in the *Cyclopædia of Practical Medicine*, remarks on this question: "Whether they have ever, from their numbers being very great, caused obstruction, and consequent inflammation and gangrene, is doubtful." And he quotes Rudolphi as expressing the opinion, that "They can never produce absolute obstruction, as there will always be room for the passage of chyle and fæces. Their agglomeration, occasionally detected in the human intestines along with ileus, as in a case mentioned by Rahn, is probably the effect, and not the cause, of the obstruction."

Grisolle, in his *Pathologie Interne*, after alluding to the possibility of a mass of worms causing the incarceration, and perhaps the strangulation of a *hernia*, goes on to say, "It has been in like manner pretended that these masses of lumbrici might interrupt the course of the fecal matters in a free portion of intestine, and produce all the symptoms of ileus; but this has not yet been demonstrated by any authentic fact. We may, however, conceive the possibility of such a thing. Thus, in a case reported by M. Bretonneau, a mass of worms as large as the fist distended the intestine," &c. Though Grisolle does not so state in express terms, I infer from the context that this convoluted mass of worms was only discovered after death.

These two are the only authors out of a dozen or so that I have consulted, that make any distinct allusion to the point under consideration.

The following case, which occurred under my observation very recently, although it does not offer an example of a complete and *insuperable* obstruction of the intestinal tube, yet goes far to justify the admission made by the author last cited, as to the possibility of such an occurrence.

On the 6th of March last, Mr. J. B. brought to my office a little negro boy, aged about seven years, who appeared to be suffering severely from pains, similar to those of colic, for which, I was informed, no relief could be procured. Mr. B. stated, that about a week before, the boy, previously in his usual health, had complained of colicky pains of the same character, but less severe, which were relieved by the aromatic stimulants commonly resorted to in such cases in domestic practice, and a dose of castor oil. No return of pain or other symptom of disease occurred until the day before that on which he was brought to my office. Then the colic returned with increased severity, and experienced no alleviation from a repetition of the remedies prescribed in the first instance. Although castor oil and an enema were administered, it was found impossible to move the bowels. The boy had called the attention of those around him to a "hard lump" in the lower part of his abdomen, which appeared to be the starting point and centre of the pains which he suffered. I was farther informed that he had vomited after taking some medicine, and had thus rejected two lumbricoid worms.

On examining the patient, I found him with a calm pulse, a coated tongue, and complaining only of pain in the abdomen, which recurred in frequent paroxysms of considerable severity, and was evidently of the nature of colic. The abdomen was very tumid and tense, but free from tenderness, except immediately in the region of the tumor, where the sensibility to pressure was very decided. This tumor, which was evident enough to the touch, felt at first very much like the edge of some solid growth springing from one of the viscera, or from the posterior wall of the abdomen; but it was soon perceived to be moveable, and free from attachment to any more deeply seated solid mass. It was elongated and cylindroid in shape, and extended from near the left side of the brim of the lesser pelvis below, obliquely upwards and to the right, and terminated at a point an inch or two to the right of the umbilicus, and on a level with it. It was not quite straight in its direction, but presented one or more slight curves. Its total length I should estimate, (having made no measurement at the time,) at six or seven inches. Its thickness below was apparently about one inch; at the upper part it gradually diminished in size, and at its termination in this direction, was not more than half an inch thick. At some points of its surface, little irregularities could be felt through the thin abdominal wall; one of these, more distinct than the rest, imparted to the finger just such a sensation as might be produced by contact with the round, slender body of a worm. This circumstance, taken in connection with the other characters of the tumor, and the fact that the boy had vomited up two worms the day before, left little doubt that this tumor, the cause of the constipation and colic, was in reality a convoluted mass of lumbrici, occupying a part of the small intestine. I should add, that the patient stated to me that the tumor had changed its position somewhat since he first discovered it.

My prescription was in accordance with the view just expressed. I gave the boy immediately a dose of calomel and jalap, of each 5 grains, with 5 drops of oil of chenopodium, and directed that he should take 2 ounces of an infusion of spigelia and senna, with the addition of sulphate of magnesia every two hours, until the bowels should be thoroughly evacuated. The operation of the medicine was also to be promoted by the use of enemata, largely impregnated with salt.

Notwithstanding the employment of these means, no action of the bowels was produced until the next morning; (the first dose of the medicine was given at noon.) The greater part of the infusion *was vomited*. When at length the bowels gave way, forty-six large lumbrici were discharged, all convoluted (according to the account given me) in one mass. The pains were at once relieved, and the tumor and the abdominal tension had disappeared.

Here it will be seen, that although the intestinal obstruction was not insuperable, it was apparently complete, so long as it continued; and it would not have required a much greater degree of obstruction to give rise to all the symptoms of ileus. I apprehend that so distinct a tumor of this character is rarely met with.

A large number of Worms discharged from the Bowels of a Child.

REPORTED BY D. T. MARTIN, M. D., PULASKI COUNTY, VA.

February 20, 1851, I was called at 7 o'clock, A. M., to visit a child, five years old, the daughter of J. W. H., in the town of Newbern, Pulaski county, Virginia. According to the account given by her parents, she had been a little unwell for two or three days; but on the day previous to my visit, she was suddenly taken with pain in the abdomen and vomiting. As her habit was known to be costive, her parents gave an enema of castor oil and warm water, as well as oil by the mouth. They also applied fomentations to the abdomen, and gave a large quantity of laudanum, (according to their statement about 3ij. in twenty hours,) without relief. At the time she was examined by me, I found her laboring under the symptoms of colic, pain in the region of the stomach and bowels, the muscles of the abdomen drawn up into ridges or knots, with some tenderness upon pressure about the umbilicus, constant inclination to lean forward and lie upon the face, tossing to and fro, retching and vomiting every few minutes, throwing up a frothy mucus, mixed with a little bile; the tongue coated with a yellowish fur; there was also some fever, the pulse being full and frequent, though compressible.

I gave her calomel grs. iv., Dover's powders grs. ij., to be followed in four hours by castor oil, and applied sinapisms and fomentations to the abdomen. The oil was taken, but afterwards thrown up from the stomach.

I again visited her at 2 o'clock, P. M., and gave calomel grs. ij., Dover's powder grs. i., after which she slept about four hours; at which time she was aroused for the purpose of giving an enema composed of warm water, castor oil and spirits of turpentine. She now complained of a choaking, whereupon about ten drops of spirits of turpentine were given by the mouth. Some time elapsed, and she had a small passage, in which were 5 or 6 lumbricoides; after the lapse of an hour she had a second passage, in which were 4 or 5 worms of the same kind. She then slept about two hours, when she awoke and had the third passage, which brought 114 worms, (lumbricoides,) making in all 120. I understood from her father to-day, (February 25th,) that she had another passage on the evening of the 21st inst., in which were 16 worms of the same kind, making in all 140.

The novelty of this case does not consist so much in the symptoms or treatment as in the number of worms discharged.

Report of a Case of Doubtful Sex.

BY WM. M. BROOCKS, MILTON, NORTH CAROLINA.

It is so exceedingly rare to meet with a *lusus naturæ* of this kind in the United States, that it might be thought almost culpable if it were not reported. It is doubtful whether any of the primitive races of any nation ever present such anomalies. It is only among high bred classes of men and animals that such cases are to be found. Nature here seems to hesitate as to the sex she will choose to cast off from her generative matrix.

Martha, the subject of this report, is a slave, the property of a gentleman of Pittsylvania county, Va. She is not a pure African, but a brown mulatto, about 24 years old; she has the rounded limbs of the female, weighs 145 pounds, and of Dutch build from shoulders to pelvis. She has suffered from neuralgia of her foot, and fever; has been married some three or four years, and has never menstruated. It was, therefore, naturally supposed that her sufferings were caused by amenorrhœa. When she was before me for examination in April 1850, my attention was first called to the flatness of her broad chest, and entire absence of her breasts, and as she had never had her catamenia, I inferred that her genital organization was defective; and upon examination very carefully made, both by the sight and the touch, I found this to be the fact. The pectoral muscles were as devoid of the mammary glands above them, as those of a male of the same age; the nipple was of the ordinary male size; face full, oval and masculine. The genitals presented the most extraordinary appearance. The mons veneris was covered with the usual growth of hair of puberty—descending from the upper part of the external labia, was a small black apron, about three inches long, like the African prepuce, which at first sight, as it tapered to a small point forward and downwards, resembled the pendulous penis. On lifting it up, it was not round or solid, but extensible, and like a cut open prepuce. Near its junction to the labia, and just within, could be seen and felt a large clitoris nearly two inches long, and feeling like the spongy corpora cavernosa of the penis, and having the cellular membrane only over its structure.

On passing through the nymphæ, the finger came in contact with the upper portion of the vagina, on which the distended bladder rested, and no further ingress to the finger forward was permitted. In the centre of the axis of the pelvis, the finger was introduced, and then carried to the left side, and in this direction it was arrested.

On the right side, the finger passed some three inches towards the left iliac fossa to a *cul de sac*, near the bottom of which a small spongy tuber like a testis gland was felt, having no scrotal covering. I then searched higher up for the uterus, and all around the sac as far as it could be reached—I could find none, neither os tincæ, body or fundus. She said she had never had pains in her loins, &c., which usually precede the incipient menstrual effort at puberty. She

had little or no desire for copulation, and did not enjoy it, and it sometimes gave her pain.

I regard this case highly interesting, physiologically, and as well entitled to be classed with those of hermaphroditism as any which I have seen reported—the absence of mammae and uterus assimilating her to the male, and the well developed external labia and nymphæ to the female.

A Case of Monstrosity.

CHURCH HILL, March 15th, 1851.

DEAR SIR,—A singular case of monstrosity came within my observation some years ago, an account of which may be interesting to the readers of the *Stethoscope*. Mrs. B., aged 20, was delivered by a midwife of her first child in the summer of 1849, two years after her marriage. On account of the peculiar appearance of the infant, I was invited to see it.

The child was a boy of the ordinary size, and regular in form and appearance, with the exception about to be stated. On the front of its abdomen, somewhat to the right side, and exterior to its parietes, was a mass of considerable size enveloped in a transparent serous membrane, and connected with the child by a single cord attached to its umbilicus. This mass was found to contain most of the abdominal organs: the liver, spleen, stomach and small intestines, being distinctly observed, all natural, and in an ordinary state of development. The cœcum and colon not being in the mass, must have been within the abdomen. The connecting cord comprised the œsophagus part of the small intestines, and all the vessels supplying the liver, spleen, stomach and small intestines; all of which passed through the umbilicus of the fœtus to reach their respective destinations. This fœtus was reported to have lived half an hour. Its parents enjoyed ordinary health, though the mother had suffered several attacks of St. Vitus' dance or chorea.

Very respectfully,

R. E. JENNINGS, M. D.

A CASE OF CASUISTRY.—We observe that several persons in the land profess to have remedies for hydrophobia, the recipes for which they refuse to divulge. If a man pretends to have such a thing and has it not, he is a swindler. If he really has it, and keeps it secret, giving it only for money, and letting hundreds die for want of it, how many degrees is he in moral character above a murderer? And the same questions apply, with more or less force, to all who claim to have cures for diseases, the nature of which specifics they conceal. Enlightened and honorable medical men make it a point of duty to publish such discoveries as they make, for the advantage of their kind; and we cannot wonder at the contempt with which they look upon all advertised nostrums, the components of which are secret.

EDITORIAL AND MISCELLANEOUS.

State Organization.

We call the especial attention of every legitimate practitioner of medicine in Virginia, to the paper published in our present Number, which emanates from the Medical society. This paper sets forth the policy of the society, so far as its own organization is concerned, and offers a sufficient guaranty to the physicians of the country, that the city members do not desire to retain the power in their own hands. The objection which has hitherto been so frequently raised to becoming a member, viz: that "one is unwilling to put himself in the hands of a *local* society, a bare quorum of which is competent, at any of its monthly meetings, to impose obligations on and legislate for all its members," is now entirely removed.

The policy set forth in the paper is that which has been long asked for by country members, and very many others who desired to become members; and now nothing remains but for individuals to take the necessary steps to be enrolled, and at no very distant day the constitution will be so altered as to adapt it to a general state institution, holding annual meetings.

This we anticipate will be done before another annual meeting, or before the assembly of a general convention of the doctors in the state.

It was gratifying to observe the unanimity with which all the speakers, in a long and warm discussion on the subject in the society, urged the importance of some effectual scheme of organization. There were many differences in regard to the most effectual method and as to minor details, but the most lively interest and an unmistakable determination to accomplish the great end was evinced on all sides. We now call upon the profession of the state, individually, to exert themselves in the cause—to agitate the subject of their own welfare among one another, and to rally around an institution through which the greatest good may be achieved.

Would that our feeble pen could do justice to this subject—that we could arouse our brethren to a proper sense of the merits of this question—and that we could inspire that enthusiasm among the medical men of this commonwealth which would so soon tell to their interests and elevate their position.

The most lukewarm or self-contented physician in the state needs

not be told of the present position of his profession, nor is it necessary to impress the importance of medical reform on the minds of any. The repeal of the law laying a tax on the profession of medicine, without protecting or even recognising it, the enactment of laws for the suppression of quackery, and the promotion of science, a registration act, a licentiate board, a proper coroner's system, and other measures of this character, are objects worthy of a strong effort for their accomplishment; and, while individual effort, which has been and is still being exerted, must prove futile in matters which are not of a popular nature, their accomplishment is a work of no great difficulty, by united and well concerted action.

In this age of progress and change, all the reforms which directly affect the popular mass "go ahead by steam;" but movements which are not taken hold of by the demagogue politicians originate with individuals, who, by combination and united effort, achieve many of the great works which mark the history of the age. Then we call again upon the physicians of this proud old state to rally around the society, and build it up until it attains that numerical strength which will give it the ability to execute those powers already granted to it by act of assembly. Place it, and yourselves through it, in a position which will command the respect of the profession at home and abroad, and which will make the public look to it as the authority on matters of the "science of life." Were not the few men who labored to establish the "Royal Society of London and Edinburgh," the "Academy of Sciences of Paris," and the other great and powerful learned bodies of the old world, told that their schemes were visionary and impossible of accomplishment? What has the *combined* effort and talent of the few originators of these works now achieved? The history of the world and the condition of man will forever answer. Then why have we not every reason to expect the dawn of a brighter day. The race of Virginians is not degenerate, the atmosphere is not incompatible with the highest scientific achievements, and the necessity of going beyond our borders for books, education, literature, even the simplest authority in physic, no longer exists. We hold that the medical profession in Virginia is as able and talented as that of any other country; why then can it not take that stand in position at home, and fame abroad, to which its worth entitles it? Let it form into a powerful association, and by a league of talent and exertion, achieve a triumph over oppressive legislation and the features of republican government, which are averse to the promotion of scientific pursuits. There is

already an association of one hundred and fifty of the most respectable members of the profession formed. The body contains much talent and learning, and we believe the requisite amount of energy also, to effect ultimately the objects set forth in its charter and constitution. But, as we have said, to extend its usefulness and make it the important and authoritative institution needed, it must be built up by the whole profession of the state; and to advance this end speedily, we have feebly thrown together these ideas for the consideration of our subscribers and readers who are not members.

A Registration Act.

Our readers will be pleased to see that a movement has at last been made in Virginia to obtain the passage of an act requiring the registration of births, deaths and marriages. It may seem a little strange, that the memorial on the subject is to be sent to the constitutional convention instead of the legislature; but as the latter body is generally so occupied with "mud-pike schemes" and "never has time" to attend to any other interests but those in which each member or his constituents are immediately interested, it has been deemed important to ask the convention to engraft in the constitution a requisition of the legislature to obtain correct data on this point, both for the use of the country and their own guidance.

We regard such a law as of the utmost importance to the political economist, the lawyer, the physician, and indeed to the public at large. Correct data as to the increase of native and immigrant population, statistics of mortality, and the security afforded to the rights of property by a proper registration of marriages, are objects of great moment, more or less directly important to every citizen. Speaking of the same subject, the editor of the *Buffalo Medical Journal* says: "Medical practitioners, if they are disposed, can do much to further the passage of such a law, in the first place, by informing themselves of the advantages to be secured by it, and, in the second, by taking pains to enlighten those who are directly or indirectly instrumental in the making of laws." Hoping that the memorial to be sent to the convention will set forth the value of a general registration requisition, and that it will prove effectual in obtaining its passage, we defer further remarks on the subject until we see that paper. We may take up the subject again, in connection with our present most defective coroners' system.

Rushton, Clark & Co.'s Cod Liver Oil.

We are requested by the gentleman who made some rough tests with nitric acid, before the Medical society, on this oil, to say that it was not his intention to bring it into discredit or to cast any imputations on its genuineness, nor was he responsible for the accuracy of the test. Lest an undue importance should be attached to the experiments made on it with nitric acid, we feel it our duty to say that little or no value can be attached to the test, and all that the experiments prove is, that different samples of the same oil (be it Rushton's or that of others,) will not give exactly the same reaction. We learn from reliable sources, that the oil of Messrs. Rushton, Clark & Co. is made at the fisheries, and that no expense or trouble is spared to make and preserve it pure and unadulterated. Great wonders were to be worked with cod liver oil after its introduction; but now, that it has so often failed to *cure consumption*, the wish has fathered the thought of attributing its failure to the impurity of the article. This is a natural consequence of the too high estimate of an overrated medicine; and as we have never had the *furor* which was so general in its favor, it may be right to say that our opinion of the oil of Messrs. Rushton, Clark & Co. is unaltered—the bottles which we have used and examined, all seem to have been perfectly pure, and we doubt not, as good as that of any other establishment. Certainly the nitric acid test recorded in our February Number, was not sufficient to cast the slightest reflection on it. We have said this much as an act of sheer justice, and nothing more.

Exchanges.

Our regular exchanges have been received.

The March No. of the *Northwestern Medical and Surgical Journal*, published at Chicago and Indianapolis, contains the valedictory of Dr. Edwin G. Meek, one of its editors. Dr. M., it is said, contemplates establishing a journal in California. We wish him entire success.

We have received No. 1 of the *Northwestern Medical Intelligencer*, which is a supplement to the above, and is intended "to furnish interesting medical intelligence as it transpires in the interim of the regular bi-monthly issues of the N. W. Journal."

The Northern Lancet and Gazette of Legal Medicine, published at Plattsburg, N. Y., which has been coming to us in a very poor form,

obscurely printed with worn out type and set up by young apprentices, comes in a new and much improved dress, pretty well printed and neatly covered. It is the only journal of medical jurisprudence published in America, and should be liberally patronized. The way to make it what it ought to be, is to increase its circulation and resources, and we doubt not but that it will grow to be a national work of medico-legal medicine, now so much needed in the United States. *Terms* only \$1 per annum.

The *Quarterly Review of the Methodist Episcopal Church South*, edited by D. S. Doggett, D. D., for April, is rich in good reading. The article on "Education," by Rev. Charles Collins of Emory and Henry college, is an able, clear and well-written appeal, and though we are opposed to sectarian schools and colleges, we recommend its perusal to the general reader. This work is handsomely gotten up, and does credit to the printers, Messrs. Colin & Nowlan of this city.

The Southern Literary Messenger for April sustains its high character, and we are glad to learn that its editor has made most valuable accessions to his list of contributors as well as patrons by his late Southern tour.

We have received "*The eighth Annual Report of the managers of the New York state lunatic asylum*" at Utica. From this interesting document we extract the following: "It will be seen that the whole number of patients under treatment during the year was 816; of whom 171 were discharged recovered, 8 much improved, 49 improved, 108 unimproved, and 51 died—leaving 429 remaining in the asylum at the end of the year."


We observe in the *Journal of Insanity* a notice of the "OPAL," a monthly newspaper, entirely original, and edited by the patients in the asylum. The purchase of a library is contemplated by the profits of the publication. This is said to be the first effort of the character, but we are quite certain that it is not the first paper edited by madmen.

Proceedings of the Medical Association of the State of Alabama, begun and held in the city of Mobile, December 10 to 14, 1850, with an appendix.

This is a handsome half bound volume, containing 156 pages. Besides the proceedings, constitution and by-laws, and roll of members

of the association, it contains the annual address of Dr. A. Lopez, the able and indefatigable president, and a beautiful valedictory address by Dr. Charles E. Lavender. Nearly 100 pages of this volume are filled with reports of diseases prevailing in certain sections, medical topography, botany and other papers of interest and value. We were surprised to see a volume so large and so respectable coming from a body yet in its infancy, and not more numerous than the Medical society of our state. The explanation is simple; in Alabama there is a spirit and an energy among the profession which has not as yet been aroused in Virginia. We sincerely trust that in another year our Alabama friends will not be ahead of us.

The Physician's Prescription Book.—We have received from the publishers, Messrs. Lindsay & Blackiston, a copy of the first American from the *tenth* London edition of this invaluable little work. We take great pleasure in recommending it to both old and young practitioners and apothecaries. The list of terms, phrases, contractions and abbreviations used in prescriptions, the synonymes and translations of the Latin phrases used in pharmacy, and the chapter on nomenclature are all so accurately and compactly arranged in a very small compass that reference may be made to it in a moment. To apothecaries, students and young practitioners it is invaluable, and not unfrequently of great use to the most accomplished prescriber.

 The Editor of the STETHOSCOPE will be absent from the city, in attendance on the American Medical Association at Charleston, S. C., from the 1st to about the 15th of May. During his absence Mr. Wm. W. Dunnivant will attend to any business connected with the journal. Mr. Dunnivant can be found at the publishing office, corner of Bank and 10th streets.

Medical Society of Virginia.

April Meeting.

After the consumption of much time in balloting for new members, and reading letters of application, the subject for the evening came up for discussion. Some exceptions were taken to the language used by the committee in that part of their report relating to the physiology of anæsthesia. After a short defence by the chairman, a motion prevailed adjourning the discussion over for a week.

A resolution was passed appointing a committee of three, on the part of the society, to act in conjunction with a committee of the Medical College and any other body, for the purpose of memorializing the state convention on the subject of a general system of registration of births, deaths and marriages.

After the transaction of other business of local importance, the society adjourned over for a week. The number of members and visitors was so great that the propriety of procuring a larger hall for the future was spoken of.

Called Meeting—April 19.

Pursuant to notice given, and in accordance with a resolution adopted in February, requiring this subject to be acted on at called meetings, the society met to receive the report of the committee on *state organization*. From the full attendance on the occasion, we remark the lively interest taken in the subject.

A report and two series of resolutions were presented by the committee.

A substitute was offered on the part of the minority of the committee.

Two resolutions, recommending the formation of local societies, and a *mother association, with delegations from them*, were offered in lieu of the two reports.

After a long and animated discussion the above substitutes were rejected, and the following paper was offered and adopted, by a very decided vote, as a substitute for the committee's report. It was ordered to be printed in the Stethoscope, and the society adjourned.


"The Medical Society of Virginia, observing with great satisfaction the success which has attended united effort for the promotion and advancement of the science of medicine in other states of our Union, have taken the subject under consideration, with a view of devising some plan by which a general organization of the profession throughout Virginia could be effected.

"After a careful examination of a number of plans which have been suggested, we are of the opinion that the one which was reported by a committee appointed by the state convention assembled at Richmond in 1846, to take into consideration the same subject, and which the Medical society, by resolution of the same body, was appointed a committee to carry into effect, is the plan which is most practicable, and, when once effected, will be most permanent, and thereby contribute more to the advancement of our profession than any other which has been proposed. It is, in a few words, this: That the medical men throughout the state, whose qualifications are such as entitle them to membership, be urged to enrol themselves members of the "State Medical Society," a body organized under an act of incorporation, passed in 1824, and now in operation. That when a sufficient number from different portions of the state shall have been thus enrolled, to constitute it a fair representative of the medical profession of the state, it shall assemble once a year to transact such

business, and engage in such exercises as will be promotive of the general good of the profession. We regret to say that this, like many other great plans of improvement which have been commenced in our state, has not realized the expectations of its originators—not from any defect in the plan, however, but from a variety of causes, not the least prominent of which has been the want of that zeal and perseverance with which they should have been prosecuted to ensure success. We hail the interest which has been recently manifested by prominent men in different parts of the state, as well as by members of our society, as an indication that a better day is dawning.

“There are existing other causes which have operated to prevent the success of this plan, and to which we deem it of importance to refer. They are feelings of prejudice which have grown out of the position which the physicians of Richmond have occupied in this society. While these appear strange to us, who are familiar with the history of this society, and understand the position which we occupy in it, we confess that they might naturally enough have arisen in the minds of those unacquainted with the circumstances which forced us to take this position. We feel assured that a short explanation upon this point will be all that is necessary to remove these feelings. In 1824, a number of medical men, principally residing in Richmond, conceived the idea of organizing the physicians of the state upon this plan. They applied to the legislature and obtained a charter, which gave them the privilege in general terms of doing any thing which they might deem necessary for the promotion of medical knowledge, provided it did not conflict with the constitution or laws of the United States, or the commonwealth of Virginia. They did not succeed, however, in this organization. It was regarded as a novel proposition, and one the practicability of which had not been demonstrated in this portion of our country—that such a thing was indeed premature for our state of society. Its advocates, seeing that they could not at that time carry out their original design, and that as there were enough members of it in Richmond alone to retain the charter, provided they held meetings as a medical society, determined to convert it temporarily into a local society, and instead of meeting annually, to meet once a month, retaining, however, the original name, “State Medical Society of Virginia,” hoping that at some time the original design might be revived under more favorable auspices, and carried into effect. We would hope that that time is not far distant—and we do hereby pledge ourselves that, when it does arrive, we will cheerfully yield to the physicians throughout the state any local right which we may have derived by this temporary possession of it. The physicians of Richmond, to keep in existence the interesting local society which has sprung up under this organization, will resolve themselves into a *local society proper*, and meet under a new name, retaining, however, if it is their pleasure to do so, the constitution and by-laws by which we are now governed. We deem it inexpedient, at this time, to carry into effect this separation, inasmuch as our society, as now organized, is the most efficient committee that could be appointed to carry into effect this general organization; for, according to our con-

stitution, we have now the power to elect members to this state medical society at each one of our monthly meetings, a facility which the experience of a few meetings, held since this question of organization has been revived, has shewn to be a very important one. We lose this facility by immediate separation, for those members could only be elected at annual meetings. We therefore propose to retain the position which we now occupy, until this organization shall have been so far effected, as to place beyond doubt its ultimate success: we will then withdraw ourselves, and occupy the same position relatively to the state society as other local societies elsewhere, the only connection with it being the privileges of membership. We feel assured, from the success of efforts recently made, that, if all the members of our society and the profession generally will give a cordial support to this plan, that we shall, in less than twelve months, have succeeded in organizing a body, consisting of a number sufficiently large, and endowed with ample power, to effect those reforms which are necessary for the protection of the rights, and the maintenance of the honor and respectability of our profession."

 The twenty-seventh annual meeting of "The Medical Society of Virginia" will be held in the hall of the Richmond library association, corner of Main and 11th streets, on Tuesday evening, May 20th. The chair will be taken at 7½ o'clock, P. M.

P. CLAIBORNE GOOCH, *Sec.*

The Nature of Evidence, and the Requisites for the Credibility of Testimony.

BY ASA D. LORD, M. D., COLUMBUS, OHIO.

All the knowledge we possess, or are capable of acquiring, may be referred to one of the three following heads: First, those primary truths given us by reason, the various operations of our own minds as revealed by consciousness, and the thoughts and opinions formed by the combined action of the several faculties of the mind in the process of reflection; second, the information acquired through the medium of the senses in the processes of observation, experiment, or investigation; third, that which is derived from the testimony of others as the result of their experience, observation, or research. Hence, it is proper to name the exercise of the senses, the operations of our own minds, and the evidence of testimony, as the sources of knowledge.

To the last source we are indebted for the greater portion of the information we possess, and for nearly all that which we value most highly. In history, geography, and astronomy, in chemistry, and nearly all the branches of natural science, we must depend, mainly, upon the testimony of others for our information. Few have the opportunity to travel, and view for themselves the localities described by the geographer and the historian, the instruments for seeing the

wonders revealed by the telescope and the microscope ; and few have either the time or the conveniences for performing the experiments which substantiate the great truths on which the whole superstructure of many of these sciences rests.

From these considerations, it is obvious that some acquaintance with the nature and laws of testimony is important to every individual ; but perhaps no class of persons, except those connected with the bench or the bar, are more frequently placed where such an acquaintance is of the utmost importance, than those engaged in the practice of medicine. Not only is the physician often called to the stand under circumstances of the deepest interest to all concerned, and when the nature of his testimony is to decide questions of the highest importance, and the manner in which it is given may do much for the credit or reproach of his profession—but the new and conflicting views and theories in regard to the nature and causes of disease and the mode of treatment, which are constantly claiming his attention, demand, on his part, a familiar acquaintance with the laws of belief, and the ability to apply them to the facts and arguments by which these theories and opinions are sustained, with clearness of perception and correct judgment, if he would not be a mere empiric in his practice, and receive his opinions and theories ready-made, from those whose lead he prefers to follow.

Nature of Testimony.

The office of testimony is to give to us the same information we should obtain by the use of our own powers of observation and investigation, in regard to facts and phenomena, which have not come under our notice ; it is employed to establish the existence or validity of facts, not to sustain opinions or theories. Opinions must be substantiated by arguments : the validity of arguments must be tested by the rules of logic. Theories must be sustained by facts. In order that a theory may be regarded as the *law* by which the facts for which it professes to account are governed, it must be consistent with all the facts and phenomena pertaining to that subject. The existence of one single, well-attested fact at variance with a theory, is sufficient to destroy our confidence in it altogether : not only must it be thus accordant with the facts, but it, or an identical one, must be absolutely demanded by them. Thus, the theory of gravitation is not only consistent with all the facts for which it professes to account, but it, or a similar theory, is imperatively demanded by them ; hence, this is without hesitation denominated the law of universal gravitation ; but the same is not true of either of the two theories which have been proposed in regard to the nature of light. Harvey's theory of the circulation is also exactly in point ; it was demanded by the facts known, or easily ascertained, in regard to the structure of the heart, the arterial and the venous systems, the pulmonic and the systemic circulation : the same is true of the modern theory of the nervous system, the facts demand the existence of the distinct classes, denominated nerves of sensation, of voluntary motion, and of organic life.

The existence, or the validity of facts which have not come under our own observation, must be established by testimony. Alleged facts may be of two kinds, impossible or possible; no amount of evidence can justify us in believing an impossible thing: only the latter, therefore, can be substantiated by testimony. We may be called to believe strange things, those which are marvellous, and, with our present knowledge, unaccountable; but they must, at least, be *possible*, they must not involve any palpable contradiction, or manifest absurdity. We are accustomed to speak of impossibilities of two kinds, *physical* and *moral*: in the former are included things which are contrary to the known laws of the natural world; as, that a body should exist in two places at the same time; that a circle and a square, or a cube and a globe, should be the same thing: by *moral* impossibility is meant, a very high degree of improbability. The term *physical* impossibility, or the phrase *physically impossible*, is also employed for describing mathematical and other absurdities; as, that two and three should equal seven; that an idiot should demonstrate an intricate problem; while the statement that one who had been an idiot up to the age of twenty, had from that time manifested the possession of an intellect of the highest order, would be so improbable as to be considered a *moral* impossibility. Possible facts may be classified, first, as *probable* or *improbable*, when they do or do not accord with our experience, or the results of our observation: second, as *credible* or *incredible*, when they do or do not correspond with the known powers of the agent to which they are ascribed, with the laws in accordance with which they are supposed to occur, or by which the producing causes are governed.

To classify accurately, with reference to these distinctions, the statements made in the reports of remarkable cases or wonderful cures, and the certificates of the inventors of specifics, and the venders of nostrums, and the graver assertions of those who are supposed to have a claim to credence, is often a work requiring no little care, and no small degree of critical acumen; for, while an indiscriminating credulousness is indicative of a weak mind, incapable of thinking or judging for itself, a tendency to indiscriminate skepticism is equally characteristic of a bigoted mind, which reasons incorrectly if at all, or upon imperfect data, or from unsound premises, and makes its own preconceived opinions the test of all new theories, and its limited observation the standard of probability, by which all alleged facts are to be tried. This is the disposition which, when told that facts do not accord with his favorite theory, leads the holder to exclaim impatiently, "So much the worse for the facts then;" or like the King of Siam, who, when told by a Dutch traveller that in Holland, water sometimes became so solid that an elephant might walk on it, replied, "I have believed many extraordinary things which you have told me, because I supposed you a man of veracity; but now I know that you lie." With a cultivated mind and the ability to discriminate clearly, we can readily see how the king just named, or any other person who had ever seen the metals liquefied by the application of heat, and again become solid when it

was abstracted, might have regarded the traveller's statement, not only as possible, but as credible, and even highly probable, without reference to the credibility of the traveller. In the same manner, we can easily conceive how Archimedes, or any other similarly intelligent philosopher of his time, might have given credence to a description of the feats of a steam engine, or any other piece of modern machinery, while his ignorant countrymen would have regarded it as entirely fabulous.

In order to prove the existence of facts or the occurrence of events of which we have not personally taken cognizance, it is desirable that they should be substantiated by the concurrent testimony of two or more individuals; but cases frequently occur, in which, from the circumstances, this is impossible, and our opinions must be formed from the testimony of a single witness. In such cases, it is necessary that the witness possess most or all the characteristics needed to render his testimony valid; and hence the importance, to every person, of a knowledge of these characteristics.

Requisites in a Single Witness.

The most important requisites for the credibility of testimony from a single individual, are the following:

1. Unexceptionable moral character; or, at least, a character for veracity unimpeached and unimpeachable: the importance of this is too obvious and too well understood to need comment.

2. That he be disinterested in the present case; that he have no private or personal ends to accomplish.

3. That he possess a capacity for understanding the facts in regard to which he testifies: the savage would be but poorly qualified to give information in the processes required in the mechanic arts; the man unacquainted with human anatomy, physiology, and pathology, would be equally incompetent to testify to the facts revealed by a post-mortem examination.

4. He must have had full opportunity to observe, for himself, the facts to which he testifies: this will, of course, exclude every thing like "hearsay," or second-hand testimony.

5. There must be satisfactory evidence that adequate attention was given to the facts at the time of their occurrence, and that the memory of the witness does not deceive him. This is a requisite of the utmost importance; the testimony of many a witness is invalidated, and his character for veracity rendered questionable, by the manifest want of attention to the facts, and the confused remembrance of them indicated in his statements.

6. His testimony must be given in plain, unequivocal terms. Nothing is more directly calculated to discredit the testimony, or bring suspicion upon the character of the witness, than the use of ambiguous expressions; and it adds no weight to testimony, to have it expressed in technical language, when common and perfectly intelligible terms may be employed with equal accuracy and propriety.

7. There must be consistency in his statements, and between them

and his conduct. Had Columbus manifested any unwillingness to return to this continent, or had he even seemed indifferent to the undertaking of another voyage in this direction, who would have believed his statements in regard to the discoveries he had made?

Corroborating Circumstances.

Aside from these characteristics of the witness himself, there are often circumstances entirely unconnected with his character, his capacity; or his conduct, which have an important bearing upon the credibility of his testimony; among those which tend to confirm his statements are the following:

1. The entire absence of all motives to misrepresent the facts, or to give false testimony, and especially the presence of strong motives of an opposite character; under such circumstances, we often feel impelled to receive testimony without reference to the moral character of the witness.

2. That the witness be aware that he is open to conviction if his testimony is false.

3. When the facts stated, though unknown before, accord with others of a similar nature, already known.

4. When, though without parallel or analogy in our experience or observation, they accord with the known powers of the cause alleged to have produced them.

5. When the facts stated develope laws not previously discovered, or reveal properties or powers in the alleged causes, or the existence of relations, before known; here, the farther removed from experience, the greater the probability of the truth of the facts: because, if not true, they would have been unknown to the witness. One of the earliest Greek historians mentions that a ship's crew professed to have sailed from the Red Sea, around the southern extremity of Africa, and returned by way of the Straits of Gibraltar; but adds, "We know they do not tell the truth, because they affirm that, during a great part of their voyage, the sun appeared north of them at noon!"

6. The entire absence of all conflicting or contradictory testimony, and the knowledge of facts which cannot be accounted for, except by supposing the statements true.

Testimony from two or more Witnesses.

When two or more witnesses appear to testify to the same facts, it is important,

1. That each possess all the requisites previously named.

2. That they concur in their statements in all essential particulars.

The following circumstances tend to increase our confidence in concurrent testimony thus given.

1. When one witness mentions facts or particulars omitted by others.

2. When coincidences occur in regard to which the nature of the case and their circumstances, or relations to each other, preclude the idea of collusion.

3. When statements apparently contradictory, are reconciled by a more full acquaintance with the subject.

4. When the characters of the witnesses, and their relations to the subject of investigation, are materially different, and hence their testimony, if influenced at all by personal feelings, would vary.

5. To these may be added, in regard to recorded testimony of every kind, one of the strongest corroborating circumstances is, the general assent to its truth of all those to whom the statements were originally made, and during whose life-time they were recorded.

It will be obvious, without remark, that the views here presented may be applied in every department of investigation or research. To those already familiar with the subject, it is unnecessary to say that the writer claims very little on the score of originality : his object has been to arrange, in a form as condensed as possible, and convenient for reference, an outline of the subject, for the benefit of those who may not have time for consulting the voluminous legal treatises upon evidence, and who may wish to be able to form for themselves opinions which they can defend, as well as state and illustrate, in regard to every subject to which their attention is directed.

Preliminary Examinations of Students in Medicine.

The successful study of the medical profession requires a combination of mental powers and acquirements, which can only result from a sound and judicious course of training, commencing in early youth, and continued throughout the career of the practitioner. No sensible man believes that his medical education is completed because he has passed his examination, and is launched into the duties of professional life ; he feels that he still is, and ever must be, a student, so great is the field of observation which he is ever compelled to explore, so various and so complicated are the diseases which he is called upon to treat, so heterogeneous are the theories and the modes of practice which he is called upon successively to examine, to adopt, or to reject, and so numerous and important are the discoveries in every branch of the healing art which teem in this prolific age of intellectual progress. But to steer his course advantageously towards the haven of truth, and to escape the shoals and quicksands which impede and obstruct his onward career, he must possess a mind richly endowed with philosophical truths, habituated to systematic discipline, ready to welcome what is valuable, prepared to abandon what is worthless. To induce this exalted tone amongst the members of the medical profession, there is not a more powerful incentive or auxiliary than a comprehensive system of preliminary education. The mind which is once imbued with correct principles of thinking and acting will not easily abandon the habits of early life, which, on the contrary, will grow stronger and stronger as age advances :

*" Quo semel est cuibuta recens servabit odorem
Testa diu."*

Impressed with the value and necessity of an efficient preliminary education in forming the character of the medical practitioner, it has long been the practice at some of the examining boards to require the

candidate to produce evidence of a knowledge of classics and mathematics, not because such an acquisition is absolutely indispensable to the study of medicine as an art, but because the possession of such information of these branches of education necessarily involves, on the part of the student, a certain amount of that information which is essential to make him a scholar and a gentleman. Our own views upon this subject are very latitudinarian. We have no deep-rooted prejudices in favor of Latin and Greek as the only portals to the temple of knowledge, and should be quite willing to see their places supplied by the modern languages, such as German or French; but it is obviously necessary that the majority of the world should agree upon certain elementary branches of instruction to be employed in the education of youth; and so far as the learned professions are concerned, the classical languages have hitherto held the primary place. Again, in the discipline of the mind, the mathematics, which include the sciences of number and of measurement, are unquestionably of immense importance; but a correct knowledge of logic, or the art of reasoning, is equally valuable, and might very well be substituted.

There can be no question as to the relative facility with which the sciences strictly belonging to medicine may be learned and appreciated by the well-informed as compared with the ill-informed student: The former readily grasps the facts and reasonings presented to his notice, arranges them under their proper heads, and stores them up for future use; the latter finds himself continually in a labyrinth of perplexity, and is not only unable to follow out any train of reasoning, but is even ignorant of the meaning of the technical terms which are employed by his teachers.

But it has been a common error to demand the evidence of an acquaintance with general literature or science at the close of the period of medical pupilage, instead of requiring it, as in our opinion ought to be the case, at the commencement: and hence the student has too often been compelled to combine the elementary studies of grammar and syntax with the proper pursuits which belong especially to his medical curriculum. We conceive that every student should be required to give evidence of possessing a good general education *before he enters upon his medical studies*, and then the system of grinding Latin grammar into the heads of men who ought to be employed in the hospital and the dissecting room, would be entirely unnecessary.

The system adopted at the University of London, of requiring that all students, for whatever profession they may be destined, should pass the matriculation examination, is one that deserves the highest commendation; and we should rejoice to see the day when every medical student would cheerfully present himself at this preliminary tribunal before entering upon his anatomical and medical courses. If the College of Surgeons of England were to require at least *some* preliminary knowledge from those who seek its diploma, they would neither lower their own dignity nor degrade their members in public estimation; and if the demand on the part of the College for a smattering of Latin, or German, or mathematics, from those to whom the lives of the community are to be entrusted, should perchance exclude some few persons from the membership, the result would not be par-

ticularly disadvantageous either to the public or the profession. The society of apothecaries have for several years required a knowledge of Latin, at least, from their licentiates; and we could wish that they would so far modify their present plans as to allow students to come up for examination in classics at a very early period of their hospital studies, or before they have commenced them, by which means a double good would be effected; the student would be better able to comprehend the instructions of his medical teachers, and he would be enabled to pursue his after studies without being compelled to mingle them with elementary pursuits, which, however useful and important to a schoolboy, are out of place in a medical school. The preliminary knowledge is as important to the medical practitioner as a scaffolding is in construction of a house; but it is just as absurd to teach medicine first and Latin afterwards, as it would be to try to build a house first, and afterwards to erect the scaffolding.—*Lancet*.

Sick Headach cured by full Inspirations.—When a medication is based upon the experiments made upon himself by an honorable professional brother, it is far better, in reporting it, to give his own words. We will then simply publish the communication of M. Tavignot upon the new therapeutic agent in the cure of this painful, if not dangerous disease.

“It was in the following manner that I discovered the efficacy of this new and apparently strange method for the cure of this affection. In October last I was attacked with pain and weight in the head, anorexia, a physical and moral prostration, &c. Experience taught me that I had to remain in this state for twenty-four hours. I concluded that this peculiar state of the nervous centres might depend upon a stagnation of blood in the venous sinuses of the dura-mater, as M. Auzias Turenne supposes, or upon an imperfect aeration of this fluid. I immediately commenced respiring freely and fully during several minutes. I perceived a sensible relief, which induced me to continue, and in a short time I was cured. I got up and undertook my usual occupations, as I felt but a slight pain in my temples, which vanished in a quarter of an hour. This result was doubly agreeable to me, as it furnished me with a new and practical remedy. In ten persons, upon whom it has been tried, one half have found instantaneous relief, and in the others there has been an amelioration, or a complete failure. However, upon interrogating with care those who were not relieved, I am convinced that they did not have genuine sick headach: they had a neuralgic pain of the head, but it was not accompanied with that profound prostration and melancholy that I have mentioned as characteristic of the disease. It seems to me to be useless to search for the *modus operandi* of full and profound inspirations in the cure of sick headach. It is evident that by this means the venous circulation is accelerated, and the chemicophysiological act of hematosiis is hastened. Then the explanation of the success of this new method is in one or the other of these conditions, or perhaps in both.—*South Med. & Surg. Jour.*—from *L'Observation*.

[From a Letter from the Editor of the Boston Medical and Surgical Journal.]

On Medicine and Surgery in Egypt.

As mentioned in some preceding letters, a variety of medical adventurers hover in and about Cairo and Alexandria, because, in some cases, there seems to be not another place to rest the soles of their feet. Like Noah's dove, they go abroad from their homes in Europe, in the strength of hope, the profession being multiplied there beyond the demands of the people. They thus sometimes fly almost to the ends of the earth—and it will be admitted Egypt is about the terminus; but, unlike Noah's dove, if they fail of success, they cannot conveniently return to the ark from whence they went out. Some of them succeed admirably, provided they obtain the patronage of the merchants among their own countrymen here, for they have the wherewithal to increase the store of a physician. The security which Mahomet Ali gave to the lives and property of foreign merchants, induced multitudes of them to settle in this granary of the old world. English physicians are the best paid; and the Italians, worthless as some of them are, the next. Arabs, even sheiks, the heads of villages, mechanics, shopkeepers, and others, possessing means, are miserable paymasters to the physicians; still they are always wanting advice and surgical assistance. "Only cure," is a common remark, "and the best cow in the herd, my courser," &c., are promised to be forthcoming; but they never come. Those who have most reputation in their view—those who make the blind see, by pricking their eyes, and stop the growth of scrotal enlargements—a complaint that is quite prevalent—have no security of payment for their services till a certain sum in current piastres is laid upon the table. What is thus obtained is all that ever will be paid them, and consequently the course is quite justifiable. It strikes me that an accomplished dental surgeon would find his account in settling at Alexandria. If any dentists are there now, they can have no extended reputation, or I should have heard of them. It would be quite impossible to realize such prices, however, as they obtain in the United States.

Apothecaries seem to have good picking, particularly in Alexandria, where they have possession of one side of a street. Perhaps, like spiders in a bottle, they live on each other—for it is not by putting up prescriptions for Arab customers that they thrive. By combining sugar-plums, tooth-washes, fancy soaps, and such kinds of showy nick-nacks as have gradually crept into drug-shops all over Christendom as well as here, the paras are probably gathered quite rapidly.

French medical works are most in vogue: how much they are studied, is another matter. As for keeping up with the improvements and discoveries of the day, no one appears to think of it. Consequently a copy of any medical journal is a rarity. Possibly one may be taken by some of the English physicians; yet I have not seen one in any office in Egypt, to my recollection. Nor does any one appear ambitious to record or publish the results of his observations on the diseases of the country.

A few days before sailing from Boston, in April 1850, a letter was received from my much-esteemed friend, Dr. Mussey, of Cincinnati, urging me to investigate that horrible disease, leprosy, and while at Athens, ascertain respecting the prevalence of acute rheumatism there during the last 2500 years—and lastly, to enquire concerning the existence of intermittent fever, of five days' interval between the paroxysms, for the same long period. I have not been unmindful of the request. When I reach Damascus, the first will be looked after; and in Greece, whoever has a twinge must expect to be mulled over pretty thoroughly, on the doctor's account. Some of the old aches that were engendered in myself by years of exposure in an open boat during my connection with the external health department of Boston, give occasional intimation of their whereabouts between the shoulder and the elbow of the left arm, even in the bland climate of Egypt. This is the more extraordinary, as during the warm weather in New England there was a complete exemption from rheumatic troubles. As an indication of the temperature here during the whole of January, it may be mentioned that the mosquitoes are so pestiferously annoying, that the bed must be secured by a muslin net, or the sleeper would find himself sucked as dry in the morning as one of the baked monks of St. Bernard.

I cannot deny myself the pleasure of adverting to Dr. Mussey's widely-promulgated anathemas against the use of tobacco—the habitual use of which is as much objected to by myself as by that staunch apostle of temperance in eating, drinking and smoking. But with all his zeal, his philanthropy, his bold arguments and cogent reasoning on this subject, in Egypt he would find stumbling-blocks in the way of his conclusions, that would be worse to manage than a hogshead of the best Kentucky in the market. Men, from childhood, smoke incessantly in Egypt. They smoke everywhere and under all circumstances. There is no cessation—not an hour when a cloud of curling smoke is not ascending. It is the first and prominent civility to hand a pipe—and smoke you must, or suffer under the imputation of being no gentleman; and were that good man of Cincinnati sitting where this sentence is written, he would himself smoke, like every one else here. People live long enough, in all conscience, notwithstanding this everlasting smoking; for they outlive their usefulness—outlive everything but animal wants—live, some of them, till everybody wishes they were dead! I have not been an inattentive observer of the smoking mania in Germany, and other parts of continental Europe; on the contrary, a strict inquiry into the moral and constitutional effects of the habit, very judiciously called a vice, was instituted as I travelled from kingdom to kingdom where it prevailed; and I have arrived at the gratifying conclusion that if persons wish to smoke, they may, and I shall not waste my breath in warring against the habit.

Another kind of smoking is practised in Egypt, and probably in Syria, unknown to us in America, viz., that of Indian hemp. Cigars are charged with it, and there are apartments where individuals may go and draw in, through a long pipe-stem, a kind of smoke that exalts a dirty, barefooted rascal into an imaginary prince. In a few minutes

he sees the gates of a Mahomedan paradise, gazes wildly towards the sky, and laughs till all consciousness passes away, and he falls into a lethargy of considerable duration. I suspect it is hemp, and not opium as generally supposed, with which cigars are drugged, and made the instruments in the hands of designing men, in London and other great cities on the Continent, for the perpetration of many dreadful crimes.

I have collected many curious and novel facts, illustrative of the dietetic regimen and social habits of Arabs, Jews, Nubians, Abyssinians (slaves and freemen) with whom I have had as much acquaintance as is desirable, in their own countries : but how or when they are to be used, is uncertain. A knowledge of them would sadly unhinge some excellent theories of our regenerators of society. Were they to attempt the introduction of some of their hobbies into these countries, they would be laughed at as fools ; and after the blush of mortification at the absurdity of their moonshine propositions had subsided, they would laugh themselves at their own stupidity and narrow-minded conceptions of the elements of humanity.

On the way to Beyroot, Feb. 4, 1851.

Payment for Medical Services.

The following extract should convince all men who attempt to meet competition by low charges, how utterly futile such a method proves :

Remuneration of Medical Attendants in France.

M. Amedee Latour, editor of *L'Union Médicale*, has lately published a very instructive article on the above subject. From this contribution we find that the majority of medical men, especially in the country, are lamentably paid, the principal cause of this sad state of things being the unfortunate practice of underselling one another. There are surgeons in the country who will pay a visit for five pence, and even two pence half-penny ; attend a midwifery case for twenty pence or half-a-crown ; set a limb for ten pence, &c. &c. In Paris the evil is likewise very great, it being well known that some unscrupulous characters offer their services underhand at a lower rate than the usual attendant has fixed, that rate being indeed low enough, as it ranges from twenty pence to half-a-crown a visit, even in Paris. At Toulouse a club was formed some time ago, composed of a thousand individuals, who offered a surgeon one thousand francs (£40) a year to attend all the members. He, being a beginner, accepted these miserable terms ; seeing which, a professional brother went and offered his services for half the sum. But the latter was soon outwitted, as a third sprang up and offered to do the work for £10 a year ! M. Latour throws out the idea that a minimum should be fixed and agreed upon in each locality ; but we fear that he did not consider human frailty sufficiently when he thought of that expedient.—[*Lancet*.]

We are of opinion that whatever price a practitioner sets on his services, to that price he should invariably adhere. The physician or surgeon who requires a sovereign as a fee may perhaps venture to accept a half sovereign from persons of limited means; nay, in some cases, he should do so; but the practitioner who values his services at five shillings or half-a-crown should never accept a farthing less than his customary charge. Far better to treat parsimonious persons as paupers than allow them to go forth boasting of their success in pursuit of cheap doctoring. Such people can be easily taught that they must conform to a rule of trade, they being generally themselves traders, and if they cannot be taught, the sooner they are got rid of the better.—[*Dub. Med. Press.*

Dr. Robert Lee and Dr. Simpson.

To the Editor of the *Lancet*.

SIR—At a late meeting of the London Medico-Chirurgical Society, it was stated to the society by Dr. Lee, that at the dissection of a case in which ovariectomy had been performed by Mr. Lizars, some twenty-five years before, I considered the tumor ovarian, until the two ovaries were shewn me at the dissection. The following letter to Dr. Lee will shew how very far he was from stating what was true, when he made such a statement:

EDINBURGH, 52 *Queen street*, Feb. 3, 1851.

DEAR SIR—At the last or one of the last meetings of the Medico-Chirurgical Society, you adduced a private letter sent to you by Mr. John Lizars of Edinburgh, stating in relation to one of his published cases of ovariectomy, that “Dr. Simpson, on inspecting it, pronounced it to be ovarian, but in looking to the ovaria, they were both found healthy.”

Mr. Lizars was not present at the dissection; and the statement which you thus gave to the Medico-Chirurgical Society was altogether incorrect.

Dr. Myrtle had charge of the patient and of the dissection; and I enclose to you a letter from that gentleman, stating that I was the first to point out at the dissection that the two ovaries were unaffected. The tumor was, as you are aware, a fibrous tumor, arising from the fundus of the uterus.

Let me merely add, that I have long given up the idea that ovarian tumors (such as this was supposed to be a quarter of a century ago, when Mr. Lizars operated) ever remain stationary for any long term of years. Fibrous tumors, however, of the uterus, often enough remain latent, and without increase for a great length of time. And this simple distinction led me, *à priori*, to doubt whether the tumor in question could *possibly* be ovarian.

I write this, in order that you may, at the next meeting of the Medico-Chirurgical Society, set the society right on a point which you

thus thought fit to lay before them. I scarcely could have fancied it worthy of being mentioned to such a society, whether I was right or not right at the dissection and diagnosis of a case. But as you considered it worthy of the observation of the society that I was in error in regard to the case, you will, I doubt not, now equally consider it worthy of their observation, that it was you who were inadvertently in error in making the statement.

Yours, &c.

J. Y. SIMPSON.

To Dr. Lee.

Dr. Lee having refused to correct in any way the mis-statement which he made, I hope the fellows of the Medico-Chirurgical Society will pardon me taking the present as the readiest means of correcting the erroneous statement publicly made to them by one of their own body.

Again, at the last meeting of the Medico-Chirurgical society, (as reported in your journal,) it would appear that Dr. Lee thought fit to misrepresent to the society another case in which I was concerned, and published an account of. Dr. Lee stated to the society, that in a case of mollities ossium, I intended to perform the Cæsarian section, "when the sacrum was straight above, so that its promontory did not probably encroach upon the brim;" hence attempting to lead the fellows to the untrue inference that the pelvis was not contracted to such an extreme degree as to require such an operation. But he deliberately suppresses the two facts; first, that the outlet was so greatly contracted, that it was under an inch in its transverse diameter, and about two inches in its conjugate; and secondly, that the dead and putrid child was so diffuent and decomposed, that it was passed readily after its birth, through an artificial aperture one-eighth of an inch in width, and two and three-eighths of an inch in length.

Perhaps most of your readers may think it unnecessary to point out these two instances of misrepresentation on Dr. Lee's part; the one consisting in a *suggestio falsi*, which he refuses to recal, and the other presenting an equally marked instance of the *suppressio veri*. But I trust they will excuse my alluding to them in your pages, as I have no other way of refuting publicly the ridiculous and disingenuous charges which they contain. They afford, also, I fear, only two common instances of the type of misrepresentation in which Dr. Lee indiscreetly indulges himself in those painful fits of *furor obstetricans* against all his professional brethren, under which he, from time to time, so unhappily suffers. Is it right for the Medico-Chirurgical society to abet these morbid attacks in Dr. Lee? Is it kind to Dr. Lee himself to encourage him in their open and public manifestation?

Yours, &c.,

J. Y. SIMPSON.

Edinburgh, Feb. 1851.

Sale of the Chemical Apparatus belonging to the late Prof. Webster.—The various appliances of the late Prof. Webster's laboratory were sold at auction last week, by Mr. Leonard, Tremont Row. The most notable article in the collection was a *Magnet* once owned by the distinguished French chemist, Lavoisier, who, it is well known, was beheaded during the great French Revolution. After various fortunes it came into the possession of Prof. Webster, by whom it was highly prized. It seems to have been owned by men who have met with a most unfortunate end. It was purchased by Mr. Francis Alger of South Boston, for the trifling sum of \$5 25. Its rare history gives it a value entirely beyond any intrinsic virtue. At the auction of Prof. Webster's library, previous to the above, his name was erased from all the books *except one*, and which book is now in the possession of a well known literary gentleman of this city, who has one of the largest collections of autographs of any person in the country. This book contains the professor's signature, written in a bold and dashing manner. It escaped the detection of the family, by one of the leaves adhering to the cover.—*Boston Med. and Surg. Jour.*

Enlargement of the Aponeurotic Orifice of the internal Saphena Vein in cases of Varicosed Veins of the Legs.—We condense from the Bulletin Gén. de Thérap. the following particulars in relation to this operation, which was performed a few years ago by M. Herapath, of Bristol, but a full report of which was not made. M. Malgaigne has recently performed the same operation, and reports the case as follows:

J. D., aged 26, was admitted into the hospital in July 1850. The internal saphena vein of the left side was varicosed, and a varicocele also existed upon the same side. Both these affections commenced at the age of seventeen, and had increased to such an extent as to prevent the patient from pursuing his occupation. The internal saphena was varicosed from the internal malleolus to the point at which this vein passes through the aponeurotic orifice into the femoral vein. There were several tumors along the course of the vein, formed by its tortuosities.

The varicocele was quite large, the testicle a little atrophied, and in the engorged epididymis was a tumor the size of a small nut. The operation was performed on the 21st of July. The patient being placed upon his back, the leg flexed and turned a little outwards, an incision was made over the saphena orifice and parallel with the course of the vein. The parts were carefully dissected until the fibrous band of the orifice could be distinctly felt. A grooved director was passed beneath the fibrous band of the ring, and an incision made upwards through the band. Considerable inflammation and a rupture of the vein ensued. The wound, however, was cicatrized the twentieth day. The patient left the hospital seven weeks after the operation, very much relieved, though not entirely cured. The tumors along the course of the vein had very much diminished and the varicocele entirely disappeared.—*Southern Med. and Surg. Journal.*

Of the Retained Testicle Extruded by Accident.

BY DR. J. M. ARMSTRONG, BERLIN, OHIO.

In the autumn of 1842, I was called to see a gentleman who, the messenger informed me, was laboring under hernia. When I arrived, I found what I supposed to be, a case of inguinal hernia; but upon further examination, I discovered that it was of a peculiar form and density. When upon still further examination, I discovered that one of his testicles had been retained from infancy, and that the supposed hernia was this testicle, which had passed through the inguinal ring. Upon a more particular investigation, and by comparing the supposed hernial tumor with the testicle in the scrotum, I found that they were exactly similar, and came to the conclusion, that the supposed hernia was in fact the retained testicle, that had been forced out of its abnormal resting place, by the effort the patient had made in attempting to raise a beef that he had slaughtered. I replaced it, or reduced it with little difficulty, after which, upon the introduction of my index finger, into the ring, which was large, I could feel the testicle pressing against the internal ring.

This case, to me, was rather singular, never having read or heard of a case of the kind. Therefore I kept my eye on the patient for some time, and learned from him lately, that it never had escaped since, nor had anything like hernia appeared. But he stated to me, that whenever he attempts to lift heavy loads, he can feel the *nut*, as he calls it, pressed against the ring.

Now, had this been a case of simple hernia, it would most probably have returned again, for his occupation being that of a butcher, and being called upon to lift frequently, and the ring being large, hernia would undoubtedly have taken place. The retained testicle appears to act as a plug, in or against the ring, and prevents the escape of any of the abdominal contents.—*Ohio Med. and Surg. Jour.*

Coroners.

As the jurisdiction of these officers is almost entirely in matters strictly medical, it seems desirable that they should be physicians. There is but one case in which the coroner is called upon to perform duties of any other nature, and medical men are as competent as others to the performance of this. We do not, then, see why it is not wiser to appoint to these sometimes responsible posts men who, from their professional knowledge, are qualified to select the fittest men to make the necessary examinations of the body; to direct properly a medico-legal investigation; and to instruct the jury upon the comparative importance and bearing of different medical facts. As it is, these officers must either depend upon some entirely irresponsible friend at their elbow, or be at the mercy of any witness whose ignorance or interest should lead him away from the truth. At present, none of

these officers in our state are from the medical ranks. We would suggest that if they should be made elective by the people, the physicians of different districts should present the fittest man among them as their candidate. Still farther, we believe it is time that the profession asserted their *right* to certain positions. When commissions are appointed for the examination of medical matters, whether it be as to the treatment of the insane, the sanitary condition of paupers or prisoners, or the healthfulness of localities, physicians have a claim upon the appointing power, which courtesy, if nothing else, demands should be considered, and which, in justice to themselves, they are bound to urge. It is from neglect of this duty to themselves that they are so often compelled to take a second place, when in justice the first belongs to them.—*New Hamp. Journal of Med.*

ITEMS.

McFadden, the Philadelphia druggist, convicted of manslaughter in causing the death of a young woman by dispensing morphine through mistake, has been sentenced to three months' imprisonment in the penitentiary. There have been several cases of this sort reported in the journals of late, and they will continue until the laws are amended on this subject.—The managers of the Savannah hospital have presented a splendid piece of plate to Dr. Rd. D. Arnold, in testimony of their appreciation of his labors during a period of 15 years.—The celebrated obstetrician, Francis C. Nægele, lately died at Heidelberg, in the 72d year of his age.—A cotemporary says that another pair of *Siamese*? twins has been born in Pennsylvania!!—The statistics of the American medical schools published thus far, shew, for the past sessions, 3800 students, and they have graduated 1280 new doctors!—We learn that a medical journal is about to be established in Washington city, D. C.—Dr. Andrew Smith has been appointed to succeed Sir James McGrigor, as the head of the medical department of the British army.—The concours for the chair of surgery of the faculty of medicine of Paris was still going on, by the last accounts. It is said M. Robert or Professor Buisson of Montpellier, will get it.—The head surgeon of a French lunatic asylum has been condemned to 15 days' imprisonment for "causing the death of a patient by laudanum in a lavement." He was condemned upon the evidence of two *veterinary* surgeons, which was counter to the evidence of five of the most celebrated physicians!!—The celebrated Boston surgeon, Dr. Warren, has been sojourning for several days in Richmond, on his way to the American medical association at Charleston. It is to be regretted that the Doctor's health is feeble, though he still retains that vigor of intellect which has rendered him pre-eminent in his profession.

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[Vol. I.

Remarks on Scarlet Fever.

BY M. H. HOUSTON, M. D., OF WHEELING, VA.

[Read before the Ohio County Medical Society.]

The number of deaths caused by scarlet fever every season in most parts of the world, indicates it as a disease occupying the very front rank, in point of practical importance. In the United States it figures so largely in the annual bills of mortality, that if an aggregate estimate of all the deaths it causes, within a period of twenty years, were made and compared with the mortality caused by the epidemic which now makes the world to quake with fear, the latter disease would become, if not insignificant, at least of secondary importance. Whilst epidemic cholera, in its warfare upon the human family, carries off its thousands at a single charge, maintained only for a short time, scarlet fever consigns to the tomb its tens of thousands by an untiring and perpetual siege. The one does its work quickly, and sinks exhausted by the effort, whilst the other works more slowly, and acknowledging no respite, is almost an entire stranger to fatigue. A disease which commits such frightful ravages can scarcely claim too much of our attention.

The great mortality of scarlatina results from two prominent causes, and whether the greater portion of it be due to the one or to the other, it would be very difficult if not impossible to determine. The one is, the necessary and inevitable fatality which results from the virulence of the disease, as it occurs in some individuals under certain circumstances—the other, the result of unsettled and empirical modes of practice, arising from the want of a proper understanding of its true pathology. To remedy the first may be considered an impossibility, whilst to correct the latter may fairly be considered within the range of professional observation and research.

The object of the following remarks will be to establish some pathological facts of a general nature, which may serve as a foundation on which to build a more uniform and rational system of practice. That no general principles have been laid down and established sufficient to guide us in the treatment of the disease under the various

modifications which it presents, must be evident to any one who will examine the productions of all those who have written on the subject. As far as my reading has extended, the systematic writers on scarlet fever have indulged in a few vague and general remarks on the different varieties of the disease, together with some directions, equally vague and unsatisfactory, as to the treatment proper for these varieties, whilst those who have made it the subject of special attention through the pages of our periodical literature, have, without any exception, had in view the enforcement of some specific modes of treatment, which in their own hands, have proved more than ordinarily successful. In no one of them is there to be found any prominent pathological consideration, or any broad general principle which may serve as a beacon to guide us in adapting our remedial means to all the different phases of the disease. Without some such controlling principle of practice it is impossible for us to treat such a disease as scarlet fever with the greatest possible success; whilst with it, we may at least save ourselves from the imputation of having treated a disease more for its name than for any substantial indications which it presents.

Scarlet fever is the result of a specific poison. Is this a proposition which admits of any doubt? To my mind it is clearly proved by the fact, that when an individual susceptible to its action is exposed to the influence of the poison, he has produced within him a train of morbid action, resulting in the development of certain appearances to be found in no other disease, and without which it cannot be pronounced scarlatina. In other words, the development of the poison in the system produces an eruption on different parts of the body, presenting certain uniform, essential characteristics, and without such evidence of the existence of a specific poison as is furnished by this peculiar eruption, scarlet fever cannot be pronounced to exist. It may be said, however, that we have cases of scarlatina without any eruption on the skin, and that, too, in its very worst form. This is true; but in all such cases, the eruption will be found on the mucous membranes generally, and its non-appearance on the skin is owing to causes to which more particular allusion will be made hereafter. In no case do we fail to detect some appearances of the peculiar eruption on certain portions of the mucous membranes. Added to this, is the evidence furnished by our olfactories. The odour of the poison of scarlet fever is just as distinct, and in many instances quite as strong as that of the smallpox poison.

It is no evidence against the existence of this specific poison to say that we know nothing of its essential properties. The same may be said with equal truth of all other animal poisons, and indeed, of all matter whatever, and yet, like other varieties of matter, we may know it by its properties; and to the observation and investigation of these properties, our attention may be very profitably directed.

The first ascertained property of the poison of scarlatina to be noticed is, that however introduced into the living system, it reproduces itself whenever there exists that condition of the circulating fluids which favors its reproduction. In this respect, it is analogous

to the poison of smallpox, syphilis and other animal poisons, whose reproduction is brought about by inoculation. This is proved by the fact, that when an individual enjoying the susceptibility to scarlet fever is exposed to its contagion, a longer or shorter period elapses before its development is made manifest. This is the period of incubation of the poison. That such a period does exist, must be evident to any one who has observed the order of succession in which the disease occurs in large families of children. A single one is generally seized in the first instance, and the symptoms do not display themselves in the remainder until six or eight days have elapsed, when they all fall sick about the same time. It does sometimes happen that only a portion are taken sick at the end of the period mentioned, whilst the attack is postponed in others until the end of another eight or ten days. This can be accounted for only on the supposition that the last of the family contracted the contagion, not from the first, but from those secondarily affected. The same thing sometimes happens in smallpox. It does not militate against this view of the reproductive property of the scarlet fever poison, to admit that the disease does not always have its origin from direct contact with those affected. The poison does certainly exist in the atmosphere, in such quantities, at certain periods, as to impart an epidemic character to the disease. But does this prove that it does not possess the power of reproduction when introduced into the living system? Certainly not; for if it did, it would equally prove the non-reproductive properties of the smallpox poison—a property which no one seems to doubt its possessing. A poison purely atmospheric in its origin may possess this property of reproduction as certainly as one purely animal.

The time during which this reproduction of the poison takes place in the human system, and the extent to which it is carried, are influenced by a variety of circumstances and conditions, all of which have their effect in modifying the symptoms and in increasing or diminishing the violence of the disease. It is modified by the quantity of the poison at first introduced into the system. With like conditions of the circulating fluids and other corresponding circumstances, the greater the amount of poison introduced, the more rapid will be the completion of the reproductive process. We hence find that, other things being equal, those are most violently affected who contract the disease from breathing an atmosphere in which the poison has been accumulated and concentrated by numbers of the sick being crowded together in ill-ventilated apartments. At least, such is the result of my own observation. Unless very special attention be paid to cleanliness and ventilation, the last cases occurring in large families are usually the worst.

The condition of the blood itself exercises a modifying control over the reproductive process, supposing equal quantities of the poison to be introduced into systems unequally predisposed. It is well known that some persons manifest no susceptibility to the disease, however much they may be exposed to its contagion. This, however, is the exception to a general rule; for it is equally well known, that a very large majority of all the human family are born with a suscepti-

bility to this disease, which susceptibility, once developed, is rarely reproduced. Some individuals, subjected to the same general influences, and exposed to the same sources of contagion, under the same circumstances, will have the disease severely, others more mildly, whilst a very few will not suffer at all. This can only be explained upon the supposition that we are born with, or acquire during the early period of lactation, some peculiar principle of the blood, upon which this special poison is dependent for its reproduction. What this peculiar principle may be, it remains for future investigation to determine. It is sufficient for the present to know that it must exist—that in the reproduction of this poison it is destroyed—that it is very rarely regenerated, and that when so regenerated, it renews the susceptibility to the disease.

The extent to which the reproduction of the scarlet fever poison will be carried in any individual, must of necessity be mainly dependent on the amount of this principle which exists in the blood at the time of exposure to the contagion. This principle is the pabulum upon which the poison feeds. The destruction or consumption of this pabulum furnishes the limit to the quantum of the poison, and as a general rule the limit is always reached.

The time occupied in the consumption of this pabulum varies under varying circumstances of temperature and individual constitution. We find the period during which scarlet fever develops itself varying at different seasons of the year. During the spring months, the poison reproduces itself rapidly, and the disease runs its course more speedily than during the steady, cold weather of winter. Whether this be owing to the effect which an increase or decrease of temperature has upon the reproductive process itself, or whether it be owing to the different conditions of the system found to prevail during these seasons, or whether to both of these causes combined, it is not our purpose to enquire. We know that the same disease assumes different types in the same individual, when occurring at different seasons of the year, and scarlet fever furnishes no exception to the general rule. Activity characterises the diseases of spring, whilst sloth is equally characteristic of those of dead winter, and we moderate the activity of the one by diminishing the heat, whilst we increase it in the other by an increase of warmth. The effect which difference of temperature has in modifying the disease, and the practical indications furnished by these modifications, will be alluded to more particularly hereafter.

From what has been said, it will readily be inferred that the tendency to a fatal result in scarlet fever may arise from several distinct circumstances, although the primary and efficient cause be always the same. The quantity of the poison at first introduced into the system may be large, and the condition for its propagation so bountifully supplied in the blood, that such an amount of poison will be generated as will necessarily prove destructive to life, under any circumstances. These are the cases, fortunately of not very frequent occurrence, in which the patient dies as though he had been knocked on the head with a hammer. No remedies have any effect in arrest-

ing the fatal result. Death is the necessary and inevitable consequence of a cause which we can neither avert or counteract.

But death may result, even although the amount of poison in the system does not necessarily constitute a fatal dose—it may destroy life by the mere rapidity with which it is reproduced. We all know how the system will gradually accommodate itself to the action of morbid impressions of any kind, until it will at last bear, with comparative impunity a dose, which, if given at first, would have speedily proved destructive. A confirmed drunkard will swallow as much alcohol at a single draught, with the effect only of rendering him comfortable, as would kill outright one of the sons of temperance. So with the poison of scarlatina. It may be reproduced so rapidly that the vital organs cannot accommodate themselves to its action, and death will result from the suddenness of the blow.

Again, death may result from the slow and long protracted reproduction of the poison, by which the vital organs are exposed to its continuous action so long, that their natural sensibility is exhausted and their functions hopelessly perverted. If the wine-bibber continues his potations, he as certainly dies in the end as though he had taken a fatal dose of the poison in the beginning, and the same is true with regard to the action of the animal poisons.

Death may also result from an unequal distribution of the poison, even when the whole amount in the system is not sufficient necessarily to produce such a result. An undue proportion being determined to the brain, for example, whilst other organs are in a like proportion relieved, will as certainly cause death, unless such determination be removed, as though all of the organs were oppressed with a fatal dose of the poison. The same remark will equally apply to all the other vital organs.

In the last place, death may result from causes which interfere with those processes instituted by nature to throw off the effete poison after its reproduction has been completed and its active properties destroyed. These constitute the so called sequelæ of the disease. Their true pathology, and the general principles which should guide us in their treatment, demand a separate and more extended consideration than the limits of this paper will admit.

Bearing in mind the foregoing general propositions, which we conceive the phenomena of the disease warrant us in affirming, we have a clue to its varieties, as recognized by authors, and to the few broad principles which should govern us in its treatment. When the quantity of the poison introduced into the system is small, the pabulum for its reproduction in the blood limited, and the poison when reproduced equally distributed through the system, we have presented to us the most simple variety of scarlet fever. When the quantity of the poison originally introduced is large, the pabulum for its reproduction very abundant, and circumstances of all kinds existing to favor the reproduction, we have presented to us the most malignant species of the disease—one of those cases in which the patient goes down to the grave suddenly and surely, in spite of the best directed efforts of the most skilful physician. When the poison is not repro-

duced to an excessive degree, but is unequally distributed, we have the several other varieties, as the anginose, the congestive, &c. Now it must be evident, that between the two extremes, we may have every variety of grade, and that the simple may be converted, by various circumstances, into the more malignant and fatal varieties, whilst some, that in the beginning have a fatal tendency, may, by judicious management, be converted into the milder forms. Thus, the amount of poison which in one individual, under the same circumstances, will, when equally distributed through the system, be productive of no very serious inconvenience, may, in another, when the larger portion of it is determined to a vital organ, prove very speedily fatal. These local determinations may be caused by constitutional predisposition, by varieties of temperature and different seasons of the year; or lastly, by the use of medicines injudiciously administered. In one individual, undue predominance of cerebral development will give rise to the comatose variety; in another the scrofulous diathesis will lead to obstinate glandular enlargements, whilst special local affections of various kinds will result from special local predispositions. In the spring of the year, anginose affections are apt to prevail, and then we have an excess of the poison about the throat, giving rise to anginose variety. In the winter, when other diseases assume a low form, we find the reproductive process carried on slowly, giving rise to the typhoid variety, in the manner before explained, and so on of all the other varieties. The local determinations caused by the use, or rather by the abuse of medicines, will vary, as a matter of course, according to the medicine used. They constitute a very large portion of that numerous class of cases which prove fatal in spite of the most powerful medicines the doctor could prescribe.

From the foregoing considerations we may deduce the following, as leading objects to be kept in view in the treatment of scarlet fever.

First. To regulate, as far as may be practicable and desirable, the time during which the reproduction of the poison is carried on.

Second. To secure by all the means at our command, the distribution of the poison among the different organs in proportion to their ability to sustain themselves under its action, and

Third. To promote the rapid and complete elimination of the poison from the system, after the process of reproduction is complete and the activity of the poison expended.

Any theory of disease, in order to be true, must be sufficient to account for all the phenomena which present themselves under every variety of circumstances. It has been stated before, that different writers on scarlet fever have extolled different and very opposite modes of treatment, and they all adduce cases to prove the success of their practice. The history of these cases cannot for a moment be doubted, nor is it necessary for the support of our views that they should be proved to be untrue, since they are all satisfactorily accounted for on the general principles already laid down. The error consists in recommending an exclusive plan of treatment for scarlet fever in general, which is alone applicable to distinct, and perhaps

very rare modifications of the disease. We find one writer recommending the application of cold, ice water as a specific, another the use of an increased amount of heat; one advises blood-letting, whilst another uses stimulants—one says, give large doses of calomel, with active cathartics, whilst another recommends the avoidance of mercurials, and the cautious use of the most gentle laxatives—and they all adduce numerous examples of the success of their treatment. Now, it is unreasonable to suppose that any one of these exclusive methods of treatment would prove successful in those cases in which a directly opposite mode of treatment has been attended with fortunate results. We accordingly find, that when the remedies advised and extolled by one practitioner have been used by others under different circumstances, the results have proved so destructive as to lead to their speedy abandonment. How, then, are we to account for the different results of treatment, in the same disease, upon the general principles of pathology already laid down? Are they sufficient to explain all these varying phenomena? We most unhesitatingly answer in the affirmative.

Take, for example, those cases in which the free application of cold to the head and surface generally, was attended with the most salutary effects, and we constantly find the symptoms to have been all such as indicated an unusually rapid reproduction of the poison, with or without local determination to the head. Within a few hours after the first onset of disease, there were high fever, burning hot skin, and a sudden and copious eruption over the whole surface. These are the very circumstances, which, according to the general principles already explained, would indicate the propriety and necessity of a reduction of temperature. The poison has generated too rapidly, and the very suddenness of the impression was such as to cause death, unless something had been done to moderate and prolong it. The vital organs, taken by surprise, would have yielded to an impression, which, with the advantage of a timely warning, they proved themselves able to withstand. In this respect, the reproduction of the poison may be aptly compared to the ordinary process of fermentation. The poison is the leaven, the blood the pabulum, and the different organs of the body the vessels which contain it. If you stir the materials together and place them in a warm situation, the process of fermentation or reproduction will prove so rapid as to break the vessels, unless free exit be given to the product. If the leaven, however, be not mixed with every part of the pabulum, and if the whole be placed in a cool situation, the process will take place slowly and without endangering the destruction of the containing vessels. In an analogous manner cold acts in retarding the reproduction of the poison of scarlatina, and it matters not, as far as the general principle is concerned, whether it act by its depressing effects upon the nervous system, or whether upon the ordinary philosophical principle of a reduction of temperature. In all of the cases which I have examined, the effect of the cold has been to protract the period during which the eruption made its appearance.

The same illustration will apply to those cases in which warmth

has been found to benefit the patient, and in which too slow a reproduction of the poison has tended to subject the organism to an impression of the poison too long to prove consistent with a resumption of healthy function.

The next general principle is one which applies with equal force to every variety of the disease. It is to secure as far as possible a distribution of the poison among the different organs of the body, just in proportion to their ability to sustain themselves without fatal injury, under morbid impressions of all kinds. This is the one grand principle, an observance of which can alone lead to the most successful treatment of the whole family of eruptive diseases. Were we able in any given case to determine beforehand, that an amount of poison would be generated, which, when thus distributed, would be sufficient to cause death, we might, with a clear conscience, resign our patient to his fate, without inflicting on him the additional discomfort of nauseous medication. As it is impossible, however, to determine, *a priori*, what amount of poison will be generated in any particular case, it becomes our duty to watch closely the development of the disease, and when we find fatal oppression of the vital organs impending, to use such means as are calculated to solicit from the more delicate, and determine to the less important organs. This can only be done by soothing the one at the same time that we irritate the other. We cannot cut short or cure the disease—all we can hope to do is, to conduct it to a safe termination; and to administer medicine of any kind without some special, definite object in view, having reference to the general principle above laid down, would be as rash as to throw a firebrand into a magazine of gunpowder. We should play the owl and *watch*, but never strike until compelled by necessity.

It has been said before, that the varieties of scarlet fever are due to certain local determinations of the poison. Although the general principle which guides us be still the same, yet the treatment of these varieties must be modified according to the particular determination. The same general principle will in fact lead to directly opposite and apparently inconsistent modes of treatment. The judicious practitioner must feel compelled to blow hot and cold upon disease bearing the same name whenever he finds it clothed in garments of unequal warmth.

It may be said by the advocates of mere matter of fact narration, that all this is hypothesis, and therefore worthless. That it is, to a certain extent, hypothetical, I am free to admit, and yet if it leads to sound practical results, a quietus should be put to all such objections. The principles of our science are not subjects of mathematical demonstration. To discard hypothesis entirely, would be to put an end to all reasoning upon medical subjects. When an hypothesis is assumed, and facts are presented to its support, harm must unquestionably be done, but when it is deduced *from* the facts, and proves sufficient to account for them all, and when it forms the basis of correct and determinate modes of treatment, it certainly can make but little difference whether it be true or false. Its adoption, under such circumstances, can do no harm, and may do a great deal of good.

It might, perhaps, be sufficient for me to enumerate these general principles of treatment, and leave it to each individual to select his own means to fulfil particular indications; but as there are some special points of practice to which I desire to direct particular attention, I shall apply them as concisely as possible to some of the varieties of the disease usually recognised by systematic writers.

And first, of the mild or simple form of scarlet fever. In this variety of the disease, the poison generated is not excessive in quantity, and it is fairly distributed among the different organs. The best authors concur in saying, that the proper treatment consists in letting the disease take its own course, without any, or if any, with very little medication. They neglect, however, to impress upon the mind of the reader the important fact, that active medication of any kind will prove decidedly injurious, and that by improper interference, the mild may be converted into a very troublesome, not to say malignant and fatal form of the disease. This becomes the more necessary, since many persons are apt to think that the same remedies which cure a violent form of disease, will, *a fortiori*, and with much greater certainty, cure a milder form. They forget, or entirely lose sight of the principle, that in this disease medicines act by relieving one local determination at the expense of producing another, and that in the use of active agents of any kind, it always becomes a mere choice between two evils. Hence, in any given case, when no local determinations exist, active remedies produce them, and thus convert a simple and mild form of disease into one complicated and malignant. It is to the importance of avoiding all rash interference in cases of this kind that I wish to direct particular attention. It may be thought by some, that under such circumstances, no sane man would ever dream of adopting any active treatment; but in this they are mistaken. The very name of scarlet fever strikes terror into the minds of patient as well as practitioner, and it requires some experience, as well as some firmness of purpose, to stand with folded arms, in the presence of a disease known to be attended with such danger, and that, too, when all around are disposed to think that so powerful an enemy can only be successfully combatted by very powerful weapons.

The truth of this remark, as well as the evils resulting from such rash interference, will be best illustrated by referring to a few cases, selected from persons not treated by any member of this association. A girl aged twelve or thirteen years, of good constitution and robust general health, was taken with the ordinary symptoms of scarlet fever some time in the spring of 1836. On the second or third day of the fever, the eruption began to make its appearance on the surface, and a physician was sent for, who pronounced it scarlet fever, and at once commenced his "scarlet fever treatment." At this time the patient complained of no extraordinary discomfort. There was some soreness of the throat, with moderate thirst and heat of surface, but no headach—no pain in any part of the body, and nothing that I could discover from the most careful enquiry demanding any active interference. The patient, however, was bled in the morning, and

took some doses of cremor tartar and jalap, at intervals during the day. The eruption was sufficiently copious on every part of the skin, and of a florid, healthy color. The medicine operated moderately on the bowels, and the case seemed to progress favorably in every respect until the evening, when the patient was again bled, and the purgative repeated. In two hours after the bleeding, the medicine operated copiously, the eruption left the skin, the face became pale, violent convulsions set in, and the child died at two o'clock in the morning. I saw it a short time before death, and obtained the above history from the attending physician and from the child's father. Now, in this case death was certainly due, in the end, to the action of the poison on the brain and nervous system; but why did it act so powerfully on these organs? To what cause was the death to be legitimately attributed? To my mind there is no doubt but that it was caused by the uncalled-for and injudicious use of remedies. The direct effect of venesection is to impair the strength of the vital powers, and to render the nervous system, particularly, more impressible by morbid agents. The force of the heart and arteries being reduced by the loss of blood, and by copious serous evacuations, they failed to circulate the blood in the extreme vessels; hence an accumulation of the poison in the vital organs, by the same cause which rendered them less able to sustain themselves under its impression. Convulsions and death were the consequences which might have been anticipated from such a course of treatment under such circumstances. Three other cases occurred in the same family, admitted to have been of equal severity in the commencement, and yet they all recovered without the employment of any active treatment whatever, and without the occurrence of a single unfavorable symptom.

It may be asserted with safety, that in the simple form of scarlet fever at least blood-letting is never required, and that it cannot be practised without great danger. In many other diseases, even where not clearly indicated, it may be practised without any very serious injury, but here it is capable of producing the most deadly effects. When the poison is already equally distributed, it can have no effect in maintaining that equal distribution, but it may be the means of inducing fatal accumulations in vital organs.

Are purgatives proper in this form of the disease, and if so, what kind ought to be used, and under what circumstances are they indicated? As a general rule, the impression of the poison on the mucous membrane of the stomach and bowels is such as to exalt their sensibility, or rather to induce such a state of irritability as leads to vomiting or purging, or both together. Under such circumstances, cathartics of any kind would not be proper, but more especially would irritating cathartics be contra-indicated. Their effect would be to increase the evil which they were intended to remedy, and yet how often do we find them used under precisely such circumstances? Their effect must be to determine still more of the poison to the bowels, and thus induce a state of the mucous membrane, which days and even weeks of the most careful management will, in many cases, scarcely prove adequate to remove.

Upon the general principle already laid down, the proper treatment of such cases consists in soothing the stomach and bowels by the use of mild opiates, with the free use of mucilaginous drinks, and in determining to the surface, by gentle diaphoretics, the tepid or warm bath, and stimulating embrocations to those portions of the skin on which the eruption is least abundant. The poison is thus drawn off from the more important and directed to the less vital organs.

The circumstances under which purgatives are demanded in this form of the disease are, when there are costiveness of the bowels, with little or no redness of the tongue, indications of undue determination to the head, and such determination of the poison to the skin itself as may endanger life; for it must be borne in mind, that an amount of the poison may be determined to the skin sufficient to destroy life independent of its direct action on other organs. A very memorable example of this kind occurred to me in the spring of 1837. A lady, the head of a large family, was seized with scarlet fever, which prevailed epidemically at the time. The eruption came out more copiously than I ever saw it in any case either before or since. The evidences of the poison in other parts of the system were much less than usual. The tongue retained its natural color; there was no soreness of the throat, the stomach and bowels were unaffected, and nothing remarkable presented itself except the intense scarlet rash on every portion of the surface. Desquamation commenced at the usual period, and continued during several days to such an extent, that when the patient walked across the floor, as she was able to do at this time, her track was as though a bran bag had been shaken over the carpet. The functions of the skin were entirely suspended during so long a period that congestion of the internal organs supervened as a consequence, and death took place at the end of eight or ten days. The patient obstinately refused all medicines during the whole course of her disease. A burn covering the whole surface could scarcely have proved more certainly fatal. Nothing but the free application of cold to the surface during the stage of eruption, with active purgation, could have afforded her any chance of relief, and to these she would not submit.

Under all circumstances the action of purgatives should be very carefully watched, and their use discontinued whenever we find the tongue becoming red and dry, and the operations frequent, watery and irritating.

When they do become necessary, what kind of cathartics ought to be used in the simple form of scarlet fever? This will of course depend upon the particular indication which they are intended to fulfil. We have before remarked, that as a general rule they are not required at all; but when they are indicated by a simple costive state of the bowels, without local determinations to important organs, the mildest and least irritating should be selected and given in such doses as merely to open the bowels. It is surprising how small a dose of the mildest purgative will sometimes operate more powerfully than we either anticipate or desire. We have known a single teaspoonful of castor oil to produce hypercatharsis in an adult patient when given

during the stage of the active reproduction of the poison, and the same may be said of other cathartics. Small doses of oil, a Seidlitz powder, or small portions of Epsom salts will, in general, answer the purpose very well. Calcined magnesia, from its insolubility and its consequent irritating effects on the mucous membranes, is for the most part an unsafe purgative.

Are the different preparations of mercury, when used either as alteratives or purgatives, proper during the active stages of scarlet fever? This is a very important question. And as all writers recommend without much qualification, and nearly all practitioners use mercurials to a greater or less extent in the early stages of the disease, I shall offer no apology for attempting to expose what I believe to be an improper practice.

Viewed merely as a purgative, calomel, in addition to the irritating effects common to it with other cathartics, has the additional effect of exciting the liver and other secreting organs opening into the alimentary canal into increased activity, by which acrid secretions are brought into immediate contact with mucous membranes already in a state of morbid excitability. They are thus subjected to the morbid impression, not only of an increased amount of the poison itself, thus invited through the blood-vessels, but likewise to the injurious impression of a host of vitiated secretions. Under their combined action the tongue becomes dry, red and disposed to ulceration, whilst the operations become thin, frequent and acrid, as the excoriations about the rectum will generally testify. If persevered in, these symptoms are all aggravated, the skin becomes dry, the pulse becomes full and frequent, sordes collect about the mouth, and in the end the patient dies, either from hæmorrhage, or at a later period, from ulceration of the mucous membrane of the stomach and bowels. This is no picture of the imagination. I have witnessed such cases, and I could attribute the result to no other cause than the blind and persevering use of mercurial cathartics.

But what are the effects of mercurials when used as alteratives as well as cathartics? You may combine them with opiates and thus prevent their free action on the bowels, but at the same time they are not without their injurious effects on the mucous membranes, whilst they are producing other effects not less troublesome and oftentimes fatal. It is known to all that mercury is rapidly taken up by the absorbents, and that in this way its constitutional effects are produced. When thus absorbed it may act beneficially in one of two ways, either by destroying some poison with which it meets in the blood, thus becoming its antidote, as in syphilis; or by substituting its own for some other morbid action not necessarily persistent in the system, as in inflammation. Now, experience has taught us that it is not an antidote to the poison of scarlet fever, and therefore it cannot prove useful in this respect; neither can it substitute its own for the action of the other poison, since the latter continues to exert its influence as long as the reproductive process continues. Hence by its introduction into its circulation, the organism is subjected to two poisonous impressions instead of one.

But mercury is known to have a predilection for some particular organs, and in stimulating these it necessarily carries with it a larger amount of the scarlet fever poison: hence an excess in the glandular system generally, but more especially in the lymphatic glands. It is this abuse of mercury in scarlet fever which in many instances gives rise to those glandular enlargements, inflammations and ulcerations which we so often meet with among the number of its sequelæ. The predilection which mercury has for the salivary glands and the organs about the throat is well known, and hence the extensive ulceration and sloughing of the tonsils met with in the anginose variety of the disease, when its salts have been used even in moderation. It will be borne in mind that I am now speaking of the use of mercurials at any time during the stage of reproduction of the poison; their use during the latter stages of the disease involves considerations of a nature altogether different. The following narration may serve in some measure to illustrate the truth of these remarks.

Some ten or twelve years ago scarlet fever prevailed as an epidemic in Burlington, a village at that time containing not more than one or two hundred inhabitants. Whilst on a visit to a patient in the neighborhood, I was met by a gentleman of the place, who told me that some eighteen or twenty cases had occurred, and that out of the whole number not a single one had recovered. From more particular enquiry, made as well at the time as subsequently of other individuals, I ascertained that it was the anginose variety of the disease which prevailed, and that all the cases were treated actively during the early stages with emetics, calomel and stimulating gargles, and particularly that calomel in large or small doses, or both, had never been omitted. I also learned that the patients had died with mortification of the throat, and evidences of much disease in the alimentary canal—that the eruption, although sufficiently florid and copious at first, would not *stay out*, and that all the *strong* medicines the doctors could give seemed to have no effect on the disease. He also told me that his own children, four in number, were then taking the disease, and that he had determined not to send for any physician, but to consult me and be governed by my advice. The only thing he had given them was onion juice. Taking advantage of his prejudice in its favor, I advised him to give them no other medicine; but if the throat became very sore, with much accumulation of viscid mucous, to give it in such quantities as to vomit gently, and then omit it entirely. I also advised him to let them have no cold drinks, and to use tepid slippery elm or flax seed tea for a gargle. On the decline of the disease he was recommended to use the warm bath daily, and if the bowels were costive and the kidneys at all inactive, to give a teaspoonful of Epsom salts, with a few grs. of nitr. potass. every morning for several days. With these directions he left me, with a promise to call again if anything unfavorable should occur. Four weeks afterwards he informed me that every member of his family had recovered under this simple treatment, without a single unfavorable symptom.

From these facts it is certainly not unreasonable to draw the con-

clusion, that in some of the fatal cases, at least, death did not result from the whole amount of the poison in the system being too great to prove compatible with life, but from the fact that so great an excess of it was determined to the throat and alimentary canal by the remedies used as to destroy their vitality. They were cases of the *simple*, converted into the malignant anginose variety.

As a general rule, then, it may be asserted that the preparations of mercury are not only not demanded, but that their use is apt to prove highly injurious in the simple forms of scarlet fever. This danger is increased or diminished just in proportion as the whole amount of poison in the system is greater or less in any particular case.

Without discussing further the effects of particular remedies or the influence of other specific modes of treatment, it may be stated in general terms, that the proper mode of treating the simple form of the disease under the general rule laid down, consists in watching closely the progress of events and in not interfering in any way, unless local determinations are impending; and where these do occur, they are to be corrected by soothing applications on the one hand, and derivatives on the other. A comfortable temperature—warm lemonade or warm slippery elm tea, acidulated with lime juice, for drink—an occasional teaspoonful of castor oil when the bowels are costive, a mild, unirritating diet, and the daily use of the warm bath on the decline of the disease, are generally all that becomes necessary.

Local determination to the throat, constituting the anginose variety, demands some special notice. It is manifest that this may be either mild or malignant, in proportion to the relative amount of the poison directed to the throat as well as in proportion to the whole amount in the system. Whilst the first class of cases may generally be considered manageable, the latter are often necessarily fatal. We may procure a more equable distribution of the poison, but we cannot control the whole amount in the system. The same general principle of treatment, however, will apply to both.

Whatever may be their *modus operandi*, emetics certainly have the effect of lessening the determination of blood to the throat. Unless its use is specially contra-indicated, a mild emetic will, therefore, generally be proper in the commencement of the disease. Should the bowels be costive, it may be followed by a small dose of castor oil. Magnesia, on account of its rough action on the mucous membranes, should be avoided. The stomach and bowels should then be left in quietude. In the mean time the integument of the throat and upper part of the chest should be rubbed with a stimulating liniment and kept moderately warm. The liniment should also be applied to the whole surface of the body, but particularly to those parts where there is the least appearance of eruption. No cold drink should be allowed to the patient. If cold could be constantly applied to the throat in the form of cold drinks or small lumps of ice, it might prove useful; but as it is generally used, reaction takes place in the intervals and the inflammation is increased. When the tonsils are much enlarged and the general tumefaction great, local depletion by scarifications will become proper; but, if possible, it is best to avoid them, as they are

liable to be followed by troublesome ulcerations. All stimulating and irritating gargles should be studiously avoided. The mildest are the best, and I know of none better than the slippery elm or flaxseed tea, acidulated, when there is much mucosity, with lime juice or vinegar. The local practice should consist in soothing the throat, whilst the skin and other organs, in which there is a less amount of the poison, are being constantly and uniformly stimulated.

The limits of this paper, already transcended, will not allow me to allude to much less to dwell on the different points of practice that are of great importance in the management of this disease in all its varieties. On the form with cerebral determination, however, I feel constrained to make a single remark, as it calls for a class of remedies which prove injurious in most of the other forms. In the malignant variety, with determination to the head, the danger is always imminent, and death must result unless the nervous system be speedily relieved. We are then compelled to choose the least, it may be, of two great evils. We must relieve the head at the risk of destroying the functions of other organs, not so immediately required in sustaining life. Calomel in large doses, from its known power to relieve congestion of the brain, as well as from its effects on other organs, must be resorted to at once. Large doses are preferable to small, because the sedative effect is more prompt and decided, and because, from its action as a cathartic, it is less liable to be absorbed and thus produce its injurious constitutional effects. Ten grains, repeated at intervals of six hours, each dose to be followed by a dose of castor oil, is the plan which, in my hands, has proved the most successful. At the same time, cold should be applied to the head, whilst the patient is put in a warm bath; and this should be succeeded by frequent stimulating pediluvæ and turpentine embrocations to every part of the surface. Even here it is necessary to keep a close watch lest we attract more of the poison to the stomach and bowels than they are able to bear. As soon, therefore, as we find the tongue becoming redder, and indications of a free and more permanent eruption on the skin, with corresponding evidences of relief to the brain, our active measures should be relaxed, and our attention directed to palliating the effects of our remedies. At the best, if the head be relieved, we will have a long and troublesome course of soothing treatment to pursue before the stomach and bowels will resume their healthy tone.

This is the form of scarlet fever in which blood-letting has been practised and so highly recommended. In all cases of the disease, the state of the pulse, as an indication of fever, is strangely disproportioned to the other symptoms; and although I do not deny its utility, yet, I must confess, with the frequent, feeble pulse that I have always met with in this form of the disease, I have never thought it safe to venture on the use of the lancet. The only stage of the disease in which I have resorted to blood-letting, is after the process of reproduction is complete, and nature fails in her effort to throw off the effete poison. To accomplish this, inflammatory action is lit up, and unless controlled by suitable remedies, it terminates either in local inflammation or general dropsy. Under these circumstances the lancet,

and calomel in small and frequently repeated doses, become the anchors of our hope, and I know of no disease in which the effects of our remedies prove more generally satisfactory.

The typhoid variety, or the winter form of scarlet fever, requires a long course of close watching, with very little medication. We must look out for local determinations, and as far as possible counteract them when they occur. Of course we must carefully avoid all sources of irritation, and be on our guard for a much longer period than in the other varieties of the disease.

There is one simple point of practical importance common to this, with every other variety of the disease, to which I must merely allude; it is the state of the kidneys. If we can succeed in keeping up a free action of these organs, our patients will generally get well. It is more particularly important that their functions should be maintained during the decline of the disease, as it is through them and the skin that the poison must for the most part be eliminated. For this purpose, the warm bath and an occasional dose of spts. nitr. dulc. will generally prove useful after the third or fourth day of the eruption.

Passing over the whole of the sequelæ, which involve topics quite as numerous and of equal importance with the disease itself, I shall close with a single suggestion on the subject of prophylaxis.

We have stated in the commencement of our remarks, that scarlet fever depends for its development on the existence in the blood of some peculiar principle not yet ascertained, on which the poison probably depends for its reproduction, and that this principle, when once destroyed, is never, or but very rarely reproduced. The first step, then, towards a true prophylaxis, supposing it to exist, should be to ascertain what this principle is, and the next, to find some substance which, when introduced into the circulation, will have the effect of destroying it. It happens very singularly, that belladonna, the only article which enjoys the reputation of being a specific prophylactic, is extensively used by some brewers to modify the process of fermentation. May it not combine with and destroy that peculiar principle in the blood on which the poison of scarlet fever depends for its reproduction?

If some competent person having charge of a scarlet fever hospital were to institute a series of experiments on the blood previous to the occurrence of the disease and subsequent to complete recovery, might it not be possible to detect this principle? With the accuracy of modern chemistry in conducting minute analyses such a result might be fairly anticipated. Once discovered, it would prove an easy task to ascertain its antidote, and in this age of wonders it may yet happen that some of us will live to see the day when as thorough and as certain a protection will be afforded, not only against scarlet fever but against all other eruptive fevers, as we now enjoy against smallpox by the practice of vaccination.

Note.—Since writing the above I have had an opportunity of witnessing the effects of the *anti-Hebraic* treatment introduced and so highly recommended by Dr. Schneeman.

Three children labored under the typhoid anginose variety of the

disease. The inunction with bacon rinds had been sedulously employed from the commencement of the disease. One child was dying, and the other bid fair to follow in its footsteps. Strong turpentine liniment was substituted for the grease, and they slowly recovered. My impression is, that if the friction be used, the lard may be omitted without disadvantage.

Observations on the Remedial Powers of the *Cimicifuga Racemosa* in the Treatment of Incipient Phthisis and Chorea.

BY DR. THOS. J. GARDEN OF WYLLIESBURG, CHARLOTTE CO., VA.

I promised on a former occasion a detailed report of some cases of incipient phthisis successfully treated with *cimicifuga*. Before doing so, however, it may be well to disseminate anew some observations relative to this article, published by me in the *Medical Recorder* as far back as the year 1823. This paper is, I find, in the hands of a very limited number of physicians of the present day, and a considerable time elapses always before a discovery or any important information on a novel subject finds its way into the text books of the schools; for, according to my experience, the man who subscribes to and reads a well and ably conducted medical periodical, is invariably in advance, on many practical points, of the literature of the schools and text books some ten or twelve years.

The *cimicifuga* has now advanced to the first rank among the indigenous articles of the dispensatory; and although it has been before the public for near thirty years, and numerous tests of its powers and virtues in various forms of disease have been made by accurate observers and faithful reporters, as well as numerous references to my paper in 1823, and since in Dugleson's new remedies, subsequent numbers of the *Recorder* and *Journal*, Gregory's and Wood's *Practice*, still I find some physicians and graduates in medicine are as ignorant of all that has been written and published upon the subject as those without the profession; indeed I may say more so. All this must be the offspring of neglect, or something else, in not subscribing to periodicals. To my view they constitute a common centre or point whence our most valuable practical knowledge is radiated and reflected.

Up to the time of my first publication in the October Number of the *Medical Recorder* in 1823, page 609, the only account of this plant was to be found in Barton's collection of the indigenous articles of the United States, classed under the head of astringents. The popular name is *rich weed*, by which it is readily recognized by a number of planters, farmers and old women of our country, but as it may now be procured from any well regulated apothecary shop, neatly put up in a good state of preservation, any further description is superfluous. For the information of the curious, its botanical characters can be seen by consulting the *Florula Cestricea* of Doctor Darlington. As I entertain the same views I did thirty years ago relative to its therapeutic action and effects upon the human system, I have transcribed the

language used by me in the publication referred to : "Like the digitalis, it disorders the sensorium, and operates in a powerful manner upon the secreting and absorbent systems. When exhibited in a full dose it prostrates in a distressing degree, producing nausea, vertigo, pains of the extremities, anxiety, dilatation of the pupil, quick, small pulse, with universal restlessness and uneasiness. These effects are immediate and transitory. Its ultimate and remote operation is the converse of the above. It is this which gives it the supremacy over all other medicines of the same class. The digitalis induces a reduction of arterial action at too great an expense of the general powers of the system to be applicable to those cases wherein this medicine seems to be so admirably calculated to be productive of benefit. It is a paradox in medicine, and in whatever way it may be experienced it certainly possesses the power in an eminent degree of lessening arterial action, and at the same time imparting tone and energy to the general system. This, like many other phenomena relating to the science of medicine, will for some time to come be clouded in doubt and obscurity."

In a publication by Charles C. Hildreth, M. D., of Zanesville, Ohio, on the same subject, in the October Number of the American Journal 1842, in a few remarks on the general character of the cimicifuga, he uses the following language, shewing a coincidence of opinion, when it is manifest, too, he had never seen my first publication, as at the onset he confesses his ignorance as "to whom we are indebted for the original introduction to the notice of the profession of the black snake root in phthisis."

"That it has narcotic properties, somewhat similar to those of colchicum, veratrum album or digitalis, we cannot for a moment doubt, after observing its influence on the brain, stomach, vascular and nervous systems. Thus a large dose of the strong decoction or tincture will produce vertigo and impaired vision, nausea and vomiting, reduce the action of the heart and arteries, and induce perspiration."

My principal object in making the above quotation from Dr. Hildreth's paper is, that the medicinal qualities of the cohosh may be more accurately defined, for while some ascribe to it narcotic properties, others consider it a slight tonic. As before stated, it combines in its action both a narcotic and tonic property, and while the former prostrates so powerfully, it is by no means a dangerous narcotic. I once knew a confirmed drunkard, who was in the habit of begging for the tinctures in the shop, take two ounces of the strong tincture at a dose. It prostrated him completely, and he lay in the street until he was taken to his lodgings. He complained of slight headach next day, but his appetite was ravenous. Whiskey is a very good antidote to an over dose.

Tonics, as Dr. Paris has justly remarked, are but relative in their operation. Debility in general is the result of organic or functional disease, and therefore not demanding the use of tonics for its removal. Strychnia in minute doses will display tonic powers, by stimulating the spinal or excito-motory system of nerves. The action of the cohosh on the nervous system is very obvious in chorea, of which I shall give some further illustration in the sequel.

My first experiments with the cohosh in phthisis were made in 1819, upon the bare testimony of vulgar report, on my own person. At that time it was confidently expected by my friends, as well as a number of distinguished physicians, some of whom had examined me critically, that I could survive but a few weeks at best. As the physical signs from auscultation and percussion were imperfectly understood at that time, it is probable the real nature of my own case was overlooked, and that instead of tubercles, softened down and excavated, it was what would now be diagnosed vesicular bronchitis. Be this as it may, I was promptly and permanently restored, mainly by the use of this article, to the enjoyment of comfortable health, and have performed the labors and encountered the exposures incident to a lucrative practice for thirty years since, after all other resources had failed to give even temporary relief from suffering. Suffice it to say, I had all the symptoms of phthisis of the most rapidly exhausting character. In a letter addressed to me by Professor Dudley of the Transylvania University, Kentucky, in reply to one which informed him of my recovery, he uses the following emphatic language: "Your recovery is a signal triumph over disease."

In the case of J. F., reported in my paper in 1823, no doubt was entertained by myself or Dr. James May, formerly of Christiansville, now of Petersburg, as to its being a case of tubercular softening, the whole family, several brothers and sisters having died of phthisis, about the age of puberty. Under the use of the tincture of cimicifuga, the form used by me at that time, in the space of between two and three weeks this man was restored from a state of perfect debility and helplessness in bed so as to be able to walk about the yards and garden and take exercise in a carriage. Here the action of tubercle was evidently suspended, as the individual lived two years afterwards, free from cough, and died finally of scrofula of his bowels, having rode as deputy sheriff part of this time.

The more readily to make ourselves understood, two cases will be reported as having occurred within the last two or three years, but as I do not profess to be familiar with auscultation, the cases may be wanting in precision, and I shall of course not be able to give a satisfactory account of the pathological state of the lungs of my patients, and on this account, to some my communication may lose much of the interest that might otherwise be imparted to it.

Case. 1.—This lady, Mrs. B., ætat. 35, when first seen by us, had that train of constitutional symptoms induced by the presence of tubercle or induration in the upper lobes, which even the common observer will justly pronounce consumption. She had for some years previously resided in a section of country proverbial for its fruitfulness in the production of bilious remittent and intermittent fevers, and had herself been the victim of repeated attacks. Her constitution had sustained a considerable shock from the conjoint action of disease and some of the effects incidental to remedies. At this time her confinement to bed had been of about two weeks duration. Her pulse was rapid, skin hot, tongue foul, respiration embarrassed, cough troublesome and expectoration copious, of a muco-purulent fluid. As

pneumonia bliosa was endemic in the neighborhood at the time, for the want of something better at hand, I left her some powders containing fractional portions of cal. t. emet. nitre and ipecacuanha, to be used *pro ra nata*. Finding no amendment under this treatment, I directed free pustulation over the diseased lobes with t. emet., and I prepared for her a strong decoction of cohosh from the root, with a combination of 6 grs. of tartar emetic and 1 gr. of acetate morphia to the pint of the decoction. Of this combination she was directed to take one tablespoonful every hour through the day, and as much of the decoction in a separate state as the stomach would bear without vomiting. With a view to regulate the biliary secretion, which was defective, I gave her 6 grs. of blue mass as an alterative cathartic every other night, and to quiet cough and diminish expectoration, a powder containing 5 grs. of acetat. plumbi. and 3 grs. pulv. Doveri every night. This plan, with some slight modification, was pursued for the space of about 10 days, when her amendment was apparent to all. The pustulation was directed to be continued, and as all the distressing and urgent symptoms in her case had vanished, she was directed to take, which I prepared for her, 8 drops of the sol. of iodine and hydriod. potass., three times a day in a strong decoction of cohosh, until her natural respiration was restored, appetite and strength had returned and cough relieved. The sol. of iodine and hydriod. potass. was prepared with 10 grs. of the former and 20 grs. of the latter to the ounce of water. In a short time this lady, under the above treatment, was restored to her usual health, which continues permanent. This case occurred in the latter part of the winter 1849, now two years since.

I must acknowledge my indebtedness to Dr. Hildreth for this particular mode of using the cimicifuga, since I deem it preferable to the tincture, the mode formerly used by me. It more readily throws off febrile heat and allays irritation.

Case 2d.—This case occurred in the spring of 1850, just 12 months ago—a colored man, ætat. between 30 and 40, wheelwright by trade, of scrofulous family, and addicted to the intemperate use of intoxicating drinks. The physical signs in this case, when seen by me some three or four weeks after his confinement, caused me to diagnose a disorganizing process of the lungs, which would speedily result fatally. His pulse was steadily at 130 to 140 per minute; on sitting up in bed, soft and compressible; skin hot; cough troublesome; breathing difficult and hurried; copious night sweats, &c., throwing up profusely mucous and muco-purulent expectoration. Viewing the case as almost absolutely fatal, I unhesitatingly prognosticated speedy dissolution. The cohosh occurred to me as the only remedy deserving a trial, or that promised even to palliate the symptoms in his case, and was resorted to more with a view to render his situation comparatively comfortable than any well-grounded expectation of a cure. Pustulation, with tartar emet. over the entire chest, was directed, but especially over the left lobe of the lungs, as there was considerable dulness on percussion under the left clavicle. The poisonous effects of the tartar were well developed in three or four days, causing

a slough that extended from axilla to axilla, and yielding a most copious and salutary discharge. He was directed to take every hour through the day one tablespoonful of a strong decoction of cohosh, combined, as in the former case, with six grains of tartar and one grain of morphine to the pint, and as much of the decoction in a separate state in the intervals as his stomach would bear, and when the secretion into the bronchial tubes was excessive, to increase the dose until vomiting was produced. Blue mass in six grain doses was given every other night, and the lead and Dover's powder every night. The same general plan of treatment was pursued in this case as in the last. At the expiration of ten days the pulse had come down to near the natural standard, the cough much better and the febrile symptoms nearly disappeared. His recovery was rapid and uninterrupted.

The iodine and cimicifuga in decoction were continued as long as his breathing was hurried on slight exertion. He is now (March 27th 1851) perfectly free from pulmonary disease and in robust health.

The pages of the American Journal bear ample testimony to the power of this remedy in various forms of cough in the Western and Northern states; and that whenever it has been wielded by a skilful hand—one who knew when and how to control and modify its action by combination or other circumstances—I find it has always been used with good effects. Like all other remedies, this may be the proper one, yet it may fail for want of tact, not skill, in its administration.

The powers of this remedy do not end here, but are displayed more happily and promptly in chorea than in incipient phthisis. This wide range may alarm the incredulity of some, but well authenticated facts are worth all the reasonings of the theorist and the visions of scholastic philosophy. I know the power of habit and the prejudices of an early education, and the tenacity with which early imbibed opinions, however untenable, cling to the mind and effectually preclude the most palpable evidence.

I once treated a case of chorea successfully by means of this remedy alone, in a little boy nine years old, after the usual and most approved remedies had been previously perseveringly and diligently used for some weeks without the least effect. It was given in form of powder in teaspoonful doses morning and evening in a little molasses. Its effects were prompt and decisive. Its administration in this form of disease had not been thought of by me until my attention had been awakened by a publication in the Medical Journal, No. XVIII. Feb'y 1832, page 310, by Dr. Jesse Young of Chester county, Pennsylvania. He, like myself, was induced to use it upon vulgar report. Some old woman put him in possession of the remedy. In the sequel, in a note by the editor, he states he had been informed by Dr. Physic nearly ten years previous, that he had known that plant, given in doses of ten grains every two hours, prove successful in the treatment of chorea in several instances. In this disease the cimicifuga no doubt cures by an immediate and direct impression upon the nervous system.

Eight or ten years ago, meeting with Dr. Wooton of Pleasant Grove, Lunenburg, quite an intelligent and sprightly physician, he informed

me he had at that time a patient with chorea, a very interesting little girl about nine or ten years old; that the girl had been under his care about two months, and he had failed to afford her any relief. I suggested to the doctor the use of the cohosh in her case, and upon his consenting, and expressing a strong desire to give it a trial, I requested he would write me the result, as I was collecting some statistics for publication upon that subject. Three weeks afterwards I received a letter from Dr. Wooton, informing me of his patient's entire recovery, the fifth powder having arrested the entire catenation of morbid action, and up to that time there had been no return of her disease.

In June 1849 I was requested to visit a patient with chorea, then under the care of Dr. Giles Harris, a popular practitioner of this county. It occurred in a girl about 12 or 13 years old, and proved to be a very intense and aggravated form of the affection. This case had been treated by purgatives and ol. terebinth., under the impression that verminous irritation had occasioned the disease. The cohosh in teaspoonful doses was now used for a short time, which entirely changed the character of the disease, causing it to take on periodical action, occurring about the same hour of the day, and shifting its seat from the muscles of the extremities to the chest and respiratory organs, imparting to the breathing a peculiar convulsive and distressing moan or whine. A few more doses of the powder obliterated all traces of the affection.

When subjected to analysis the cimicifuga is found to contain gum, starch, sugar, resin, wax, fatty matter, tannin and gallic acid, a black coloring matter, a green coloring matter, lignin and salts of potassa, lime, magnesia and iron. From a remedy so constituted, what should we justly expect but great activity and extended influence?

Wylliesburg, Charlotte, March 1851.

Metastasis of Mumps to the Brain and Uterus.

SUCCESSFULLY TREATED BY A. SNEAD, M. D., RICHMOND.

[Read before the Medical Society of Virginia, April 1851.]

Believing that the following case may, in some of its features, interest the society as it has my own mind, I hope to be excused for detaining it, by reading a short account of the case:

On Monday, 31st March, being on a visit to Mrs. T., I was requested to see her servant Mary Ann. I found her to be a remarkably tall, athletic woman, aged twenty-six years. On enquiry I received the following statement: On the Monday preceding she had been attacked with mumps in the right parotid. She had not however been so much indisposed thereby as to prevent her from attending to her duties, that of nurse to Mrs. T.'s child. On Friday night last she experienced the first indications of the disease making its appearance in the left parotid. On Saturday and Sunday she felt more indisposed, and on Sunday evening her head commenced to pain her, and had been so distressing as to prevent her from sleeping the greater part of the night. She had taken last night some aperient pills, by which her bowels had been three times moved, but without affording

her any relief. She had vomited several times during the night and this morning; had taken but little food on yesterday. At this time headach is distressing, and there is much intolerance of light; head hot and temporal arteries throbbing; pulse increased in frequency and force; extremities cool but not cold. Her bowels having been freely moved, I ordered a hot mustard bath for her feet and legs, hoping by this means to relieve her of her sufferings; but if not relieved, and especially if she should grow worse, I directed I should be immediately informed of it.

At 2 o'clock, P. M., I received an urgent message to visit her, and on arriving I found her verging on delirium. Her head was intensely hot and temporal arteries beating violently; the extremities had warmed up, and pulse at rest, fuller and stronger. Head aching violently, and great intolerance of light—had vomited. I observed in a vessel a small quantity of blood, and enquired of her if her nose had been bleeding—she replied in the negative. I then on enquiry ascertained she was menstruating, and learned it had set in on the previous evening. I asked if it was her regular time—she said no—but that it was at least ten days too soon. She stated that heretofore she had always been very regular, and that at such times she has suffered no pain, but that now there was very smart pain in the region of the womb, and that the discharge was greater than it was accustomed to be. On pressure being made on the hypogastrium she manifested considerable tenderness. I ordered her to be cupped without delay, and that 20 $\frac{3}{4}$ of blood should be taken from behind the ears.

5 P. M. The cups had been promptly applied, and at least 20 $\frac{3}{4}$ of blood had been taken. She had been greatly relieved by the loss of blood. Heat of head and surface lessened, and headach greatly mitigated. There has been no vomiting since she was cupped. On moving the head it becomes very painful—intolerance of light lessened. I prescribed calomel, 12 grains to be given at once, and after three hours to be purged off by salts and senna tea; this to be repeated until the bowels had been actively moved. Sinapisms to be applied to the parotids.

April 1st, 9 A. M. Took calomel and senna tea as directed. The bowels have been three times actively moved. She rested better last night, having enjoyed some refreshing sleep—expresses herself as being much more comfortable. She says her head is easy if kept quiet, but pains if it is moved—intolerance of light much diminished—pulse 80 and rather tense. Surface pleasant—very little heat of head—intolerance of light diminished—tenderness of hypogastrium less—catamenia continues. Directed a small blister to be raised over each parotid, and a draught of salts and senna tea to be taken at noon.

6 P. M. The surface over each parotid is well vesicated. Head entirely relieved—no pain on motion, neither does there remain any intolerance of light. She thinks the blistering has done much good. Pulse soft and less feverish than in the morning; has had two alvine evacuations. Blisters to be kept dressed with poultices. No medicine.

2nd, 10 A. M. The patient has passed a comfortable night ; slept well ; has neither headach nor pain on motion, and there remains no intolerance of light. No fever—bowels have been twice moved. She expresses herself as being very much better.

4th. Since the 2d the case has continued to progress favorably, and visits were discontinued. I, however, incidentally saw her on the 6th, in her mistress's room, and on enquiring how she was, she said, "Well, except the numbness down her right arm and leg." Of this she had never before complained to me, but said she had felt it all the time I had been attending her. She left for the country the next day, so I do not know how long the numbness continued.

The chief points of interest in this case are the state of the head and uterus. Was this a case of metastasis or mumps to the brain ? and was the condition of the womb a mere coincidence, or was there a connection between its state and the diseased parotids ?

I conclude it was metastasis of mumps to the brain, from the fact that there appeared no other exciting cause for so violent a set of cerebral symptoms ; and the train of symptoms were such as I should expect to meet with in cases of metastasis. I further conclude so from the fact that the disease yielded to a course of treatment appropriate to such a state of things. The blistering of the parotids appeared to produce a good and permanent effect, as after it had been done, there remained neither uncomfortableness of head nor intolerance of light.

In answer to the second enquiry, I conclude that there is no reason why the genitals of the female may not become involved in this disease as well as those of the male. In the two cases reported by Dr. Lindsly, in the Stethoscope, priapism was present in both, and in the latter case it was the first symptom that excited alarm for his patient. It is true that, ordinarily, the testes in the male and the mammæ in the female are the organs to which translations take place in mumps. But why is this so ? Can any one explain it ? In this case let it be remembered, that the period for the catamenial flow had not arrived by at least ten days. Why should it now set in, accompanied by much pain in the uterus and very marked tenderness on pressure being made on the hypogastrium, and this, too, in one in whom its flow had always been unattended by pain, and recurring only at the regular times ? The mammæ were not at all affected. How shall we account for the benumbed feeling of the right side ? Was it that the left side of the brain had suffered during the attack a greater amount of injury than the right ? The left parotid was the last attacked.

A Case of Retention of Urine from Paralysis—Puncture of the Bladder above the Pubes—Recovery.

BY OTIS F. MANSON, M. D., OF GRANVILLE COUNTY, N. C.

Although we readily concur with Mr. Liston, when he exclaims in characteristic language, that "there is no disease in which the patient is more liable to be *bungled out of his life* than in retention of urine," and that the instances are rare in which puncture of the bladder is

demand, yet cases must present themselves to the most skilful, in which the bladder cannot be reached by its natural outlet, and in which paracentesis is the only alternative. Perfectly satisfied I am, from the convictions of my own mind, and from the concurrence of high surgical authority to whom the case has been minutely and accurately reported, that the operation in the instance I am about to relate was the only practicable means, under the *circumstances, to rescue the patient from death*. Alexander, a mulatto, aged 30, belonging to Major W. M. Sneed of this county, was injured by the falling of a heavy piece of timber upon him, which threw him prostrate on the ground, its whole weight resting for some moments upon the lateral regions of the abdomen. The accident occurring on the 25th of February last, paralysis of the inferior extremities of the bladder, and consequent retention of urine immediately ensued.

On the evening of the 26th, Dr. William F. Henderson was called to see him. He found him suffering from great distension of the bladder; no urine having passed since the reception of the injury. Prolonged and persevering efforts were made by the doctor to introduce the catheter, but without success. On the morning of Thursday, the 27th, I was called in consultation, and found the patient in great agony from the distension; the bladder was enormously enlarged, projecting prominently over the pubes, its superior fundus extending above the umbilicus. Called in at this late moment, it is needless to enumerate the difficulties I experienced in reaching the bladder: they will present themselves at once to the surgeon. It is only necessary to state that no means were left untried, no efforts spared to relieve the threatened organ, but without success. The patient's condition at this time was truly alarming; the distension, already beyond the bounds I had ever conceived the bladder capable of attaining, seemed rapidly increasing; violent paroxysms of rending pain, attended with a "sense of bursting," as the patient expressed himself, warned us that unless soon relieved, the case would be beyond the reach of art. The abdomen, seemingly stretched to the utmost by the turgid organ beneath, was hot and tender on pressure, to which being added the helpless condition of the patient from paraplegia, rendered his situation distressing in the extreme.

Puncture of the bladder being the only resort left to us, the patient was made aware of his imminent danger, and informed that the operation presented the only mode of escape from death; to the performance of which he immediately consented.

Operation.—The patient being placed on his back with his thighs semi-flexed, an incision was commenced with a scalpel about an inch above the pubes, and brought down to the symphysis, exposing the linea alba. The incision was continued by several sweeps of the knife, but diminished in length as I advanced, until the bladder was reached. The wound, therefore, presented a conical opening; the small, exposed point of the bladder forming its apex; the bladder was now touched with the point of a lancet, and a female catheter introduced with slight force and gentle rotary motion into the opening. An enormous quantity of foetid, bloody urine was discharged, followed by the most de-

lightful relief to the patient. The catheter was secured by two soft cords passing under the thighs, attached behind to a waistband, and another passing upwards fastened to it before, to the extremity of the catheter a gum elastic tube was attached, leading to a cup by which the patient was kept entirely dry, the tube being left constantly open.

The alimentary canal having been fully evacuated previous to the operation, the patient was placed on his right side with the abdomen inclined downwards, and perfect rest enjoined in that position, the patient soon fell asleep for the first time since the reception of the injury, and awoke comparatively comfortable.

February 28. Condition improved; has slept well; pulse 90; very slight heat of skin; some appetite; feels no pain, no abdominal tenderness or tension; urine passes freely and copiously through the tube; can move his legs slightly. Ordered ol. ricini; rigid diet; mucilaginous drinks.

March 3. Still improving; complete apyrexia; pulse 60; wound healed closely around the tube; paraplegia almost entirely relieved. Attempted to pass the catheter per urethram, but considerable urethritis still existing, desisted after very slight efforts.

March 5. Some slight tenderness about the pubic region, and a considerable quantity of viscid, tenacious mucous, tinged with blood, occasionally blocking up the tube; these symptoms of cystitis completely disappeared under the use of bals. copaiba.

The catheter was withdrawn from the wound and a cork fitted around its middle to prevent its passing too deeply, as it constantly had a tendency to do.

March 14. Urine passes to-day *per vias naturales* for the first time since the accident, the stream small, twisted and forked.

March 18. Urine passes freely per urethram, a cork introduced into the end of the catheter.

March 22. Patient passes his urine altogether per urethram.

March 29. Urine now discharged as freely and regularly as in health. Catheter withdrawn from the supra-pubic passage, which was touched to the depth of half an inch with a pencil of lunar caustic.

March 30. Strange to relate, but fortunately, not a drop of urine has passed through the wound since the tube was withdrawn; wound almost entirely closed; retouched with nit. silver.

April 1. Artificial passage entirely closed. Discharged.

Remarks.—So far as I can learn this operation has been usually followed by fatal consequences. Success in this case is probably referable to the following circumstances:

1stly. The greatly distended bladder in mounting high up in the abdomen, carried the reflection of the peritonæum upward before it, which only invests the superior and posterior surfaces of the organ, in consequence of which displacement, that important membrane was not wounded in making the supra-pubic opening.

2dly. The form of the wound was highly favorable to the exit of any urine which might pass outside of the tube, and thereby prevented infiltration. There was still less danger of wounding the peritonæum, owing to the slight extent of the incision as the bladder was approached.

3dly. The mode of opening the bladder, by making a small clean incision, instead of the ragged, bruised wound inflicted by a trocar, which is generally used.

4thly. The admirable conduct of the patient, who bore his sufferings with great fortitude, and conformed in every respect to advice, &c., particularly as regards rest, position and diet.

I beg leave, in conclusion, to offer my thanks to Prof. Chs. Bell Gibson for his kindness in having had made for me, under his immediate supervision, the Prostate Catheter of Mr. Liston, for the case, and for his kind and judicious advice in relation to the after-treatment.

Report of an Obstetrical Case.

BY C. R. PALMORE, M. D.

Mr. Editor—Supposing the recital of the following case, which occurred in my practice whilst connected with the "Obstetric Institute" in Philadelphia, will be acceptable to you, and interesting if not instructive to the readers of your valuable magazine, I have taken the liberty to transmit a condensed report of it from my case-book for publication. It involves a question in obstetrics, which has always puzzled the young physician not a little, and which I hope this case will at least serve to direct the attention of practical physicians to the elucidation of the mystery with which teachers and books have surrounded it.

Case.—April 10, 1850. Mrs. M. G. was seized with labor pains this morning. The labor proceeded very well, (the vertex presenting in the first position,) till the head emerged from the vulva. At this time the child took several deep inspirations and cried lustily. I immediately perceived, however, the umbilical cord around its neck, and on more minute observation discovered it drawn *thrice* very closely. The pains were now very severe, of the expulsive kind, which caused the funis to become tighter at every effort. I endeavored to pull the cord down and pass it over the head, but soon found the attempt useless from its extreme tenseness. I next attempted to disengage and suffer it to pass over the shoulders as they descended. This was also of no avail; for I could scarcely insert one finger between the cord and neck, so closely was it fastened. My next duty I conceived was to suffer it to *remain*, or in other words trust to the *vis medicatrix naturæ*. This negative plan was as nugatory as the others had been unfortunate. The child, which before had cried, now ceased. Its face became first dusky, then black, exhibiting plainly the compression of the jugular veins and the consequent stagnation of blood in the brain. Here then was no time to be lost.

The only alternative at my command was to sever the funis. But here, (I should not call it *a demon*,) authority arose before me. Dewees, Ramsbotham, Meigs, Hodge, whose opinions we all recognize, passed in rapid review. I remembered only one *similar* case, that mentioned in Dr. Meig's Treatise on Obstetrics, page 295. That this was a similar case, I had no doubt. I resolved therefore to cut the cord, which having been done, the child, released from its halter, soon re-

vived ; its face gradually assumed its natural hue ; its breathing again commenced, and the mother's heart was illumed afresh by its re-awakened cry. A few bearing down pains soon sufficed to drive the child from the vulva. I now tied the cord. Nothing unusual occurred in the after treatment.

Remarks.—It will be noticed that I pursued the usual course of treatment laid down in the books, and found this routine practice totally unavailing. Since the occurrence of the above case, I have examined the subject pretty closely : have maturely considered the salient points of the practice, and have come to the conclusion, that the treatment usually recommended is at least irrational, if not radically defective, and that it will not answer in practice.

Upon a superficial examination, I know some may say that the success of the above case was *post hoc*, and not *propter hoc*. But if such persons would examine attentively the details given, they could not, in my opinion, refrain from being convinced that it was *propter hoc*.

What are the dangers that are so particularly inculcated by teachers ? There is only one, and to my mind this scarcely deserves the name of danger. I refer to the *supposed* probability of the child's dying from loss of blood. I say *supposed*, because I cannot conceive why this can take place, as the child's body presses the cord against the vulva, effectually serving the purpose of a ligature. And this actually occurred in the case I have just narrated. The loss of blood was scarcely appreciable. This is the most prominent, if not the only objection, that can be urged against the treatment.

The advantages are numerous, and, in my opinion, insuperable. It saves the child from impending death, and it empties the *placenta* of its retained blood ; thus allowing it to be more easily detached by the efforts of the uterus, or, if necessary, by the hand. Moreover, if the cord were suffered to *remain* around the neck, and the child to descend, the cord might be torn from the *placenta* by the roots, or else it might draw the *fundus* of the uterus after it, and thus cause *inversio uteri*.

Those who have had this latter affection to deal with, will easily appreciate any plan recommended for its partial prevention.

Stony Point Mills, Cumberland county, Va., April 23, 1851.

Powers' and Weightman's Chloroform.

Having failed in my efforts to test the purity of the chloroform prepared by Messrs. Powers and Weightman in time for the report of the committee on anæsthesia, I have since ascertained its specific gravity to be 1.47777 instead of 1.48, the chemical standard. Owing to the high temperature of the room where the scales were kept, I am sure this is rather under than over the true sp. gr. This extremely slight difference, if any, is altogether inappreciable in practice. It is highly commendable to the honor and skill of the manufacturers that they prepare the article for commercial purposes of such very great purity. Does not this account for the fact that no injurious consequences have been observed in Richmond in about 1400 cases ?

J. BOLTON.

The American Medical Association.

The meeting of this body took place on Tuesday, May 6th, in St. Andrew's hall, at Charleston, S. C. The president, Dr. MUSSEY, of Ohio, took the chair at 11 o'clock, and called the association to order.

Dr. FROST, on behalf of the committee of arrangements, read the list of delegates who had reported themselves; (this list is too long to be published here—there were some two hundred in attendance, and they represented twenty-five states. The following gentlemen composed the delegation from Virginia: Drs. B. R. WELLFORD, P. C. GOOCH, M. P. SCOTT, J. P. TABB, H. C. WORSHAM, W. W. PARKER, Medical Society of Virginia; C. P. JOHNSON and D. H. TUCKER, Medical Department of Hampden Sydney College; J. W. WATKES and J. G. LUMPKIN, Soc. Alumni of ditto, HUGH MCGUIRE, Winchester Medical College, and F. W. POWELL, Middleburg.)

The association having been organized, Dr. THOS. Y. SIMONS, the chairman of the committee of the South Carolina Medical association, in a warm and hearty address, welcomed the delegates present from the other states to the city and state, on behalf of his associates, which was responded to in a becoming manner by the president.

The president of the association read a letter from Dr. STILLE, resigning his office, in consequence of the impaired state of his health.

On motion of Dr. ARNOLD, of Savannah, Ga., it was proposed that the letter of Dr. STILLE be placed on record, in compliment to him, for the interest he has manifested in the association.

Dr. ARNOLD offered the following resolution, which was adopted:

Resolved, That a committee of one from each state represented in the association, to be chosen by their respective delegates, be appointed to nominate suitable officers to be elected for the ensuing year.

The association took a recess for ten minutes, to allow the delegations to elect their committeemen under the above resolution.

On the re-assembling of the convention, the president reported the following gentlemen as having been selected as the nominating committee: Drs. B. R. WELLFORD, of Virginia; GEO. MENDENHALL, of Ohio; JOSEPH FITHIAN, of New Jersey; R. D. ARNOLD, of Georgia; G. W. MILTENBERGER, of Maryland; H. R. FROST, of South Carolina; N. G. PITTMAN, of North Carolina; W. H. ANDERSON, of Alabama; A. H. STEPHENS, of New York; USHER PARSONS, of Rhode Island; JOS. CARSON, of Pennsylvania; H. ADAMS, of Massachusetts; THOS. REYBURN, of Missouri; JAS. JONES, of Louisiana; J. B. FLINT, of Kentucky; JOHN SLOAN, of Indiana; C. BOYLE, of the District of Columbia, and J. B. LINDSEY, of Tennessee.

The committee having retired, the president delivered an address of some length on matters connected with the association, and the advancement of medical science. It was received with marked attention and applause.

The nominating committee, through their chairman, then read the subjoined names as suitable candidates for officers of the association for the ensuing year, viz :

Dr. JAMES MOULTRIE, of S. C., *President*.

Dr. GEO. HEYWARD, of Mass., }

Dr. R. D. ARNOLD, of Geo., }

Dr. B. R. WELLFORD, of Va., }

Dr. J. B. FLINT, of Kentucky, }

Vice-Presidents.

Dr. H. W. DESAUSSURE, of S. C., }

Dr. P. C. GOOCH, of Va., }

Secretaries.

Dr. ISAAC HAYS, of Pa., *Treasurer*.

On motion of Dr. LA ROCHE, of Pennsylvania, the report was accepted, and the gentlemen thus nominated were elected the officers of the association for the ensuing year, and they were invited to take their seats on the platform.

The president elect then took the chair, and in a few appropriate remarks, returned his thanks for the honor thus conferred on him by the association.

The secretary read a report transmitted to him from the committee on unfinished business, appointed at the session of 1850, which,

On motion of Mr. ARNOLD, was accepted and laid on the table.

On motion of Dr. GAILLARD, of South Carolina, the following resolution offered by Dr. DRAKE, of Cincinnati, at the session of 1850, be taken up for consideration :

Resolved, That the second section of the regulations of the association be so amended as to require that candidates for membership by invitation, be nominated in writing by five members ; that when elected they shall enjoy all the rights of delegates, and that all permanent members shall be entitled to vote.

After some discussion, on motion of Dr. A. H. STEVENS, of New York, the resolution was referred to a committee, consisting of Drs. DRAKE, of Ohio, WOOD, of Penn., and WELLFORD, of Virginia.

Dr. STEVENS, of New York, offered the following resolution, which was discussed by Drs. STORER, of Mass., and MOORE, of Georgia, and finally rejected :

Resolved, That a committee be appointed to report to the association the business before it, and to offer such suggestions as they may deem advisable for the due discharge of the same.

On motion, the association adjourned to meet on Wednesday morning at 10 o'clock.

Second Day.

The president called the association to order at 10 o'clock, and the minutes of the preceding meeting were read and confirmed.

Dr. WOOD asked and obtained leave to read the following report, on amending the constitution, signed by himself and Dr. B. R. WELLFORD :

The committee to whom was referred the proposition of Dr. Drake, for an alteration of the rules in relation to the admission and rights of members, have the honor to report as follows :

There are two distinct branches of the proposition; the first of which relates to the invitation of medical men not delegates to participate in the proceedings of the association; the second has in view the extension of the right of voting to permanent members.

The committee agree in the general purport of the first part of the proposition. As it now stands, the rule admits of a too easy admission to the privileges of members, and it is susceptible of great abuse. It might happen, in a place where the number of physicians was very considerable, that sufficient might be introduced to control the decisions of the delegates. To guard against such a result, the committee recommend, that, in addition to the provision that none should be invited by the association unless upon a previous written proposal by five delegates, the existing rule should be so altered as not to confer upon the invited members the privilege of voting.

In relation to the second part of the proposition, that, namely, which gives the privilege of voting to permanent members, the committee do not consider its adoption advisable, on the following grounds: This association is essentially a representative body. Its opinions are supposed to be those of the societies or associations by which the delegates are appointed, and go forth to the world with the authority in some degree of the medical profession generally. Now, if permanent members were permitted to vote, they would express their own individual opinions and support their own individual preferences; both of which might be in direct opposition to those of the delegates, and not fairly representative of general medical sentiment. It is easy to conceive that combinations among permanent members might be formed, more powerful than the properly delegated body, which might thus be overruled in its decisions. The opinions or wishes of a comparatively few individuals might thus go forth to the world as those of the profession at large, and private purposes might be answered at the expense of the general good. This would defeat the main objects of the association, and prevent it from continuing what it may now be considered to be, the exponent of enlightened medical sentiment in this country.

The committee, therefore, recommend that the question on Dr. Drake's proposition be taken separately upon its two branches; that the first be adopted with a modification, withholding the right of voting from invited members; and that the second, which confers this right upon permanent members, be not adopted.

GEO. B. WOOD,
B. R. WELLFORD.

Charleston, (S. C.), May 7, 1851.

Dr. DRAKE then read the subjoined minority report:

The undersigned, a minority of the committee to whom was referred the resolution for amending the second section of the constitution, begs leave to report, that in his opinion it is expedient, and will be found promotive of the great objects for which the association was formed, that "members by invitation" should not be admitted, except under a written nomination by five members; that when thus chosen,

they should enjoy all the rights and privileges of delegates, including permanent membership; and that all permanent members should be entitled to vote. With these views the undersigned respectfully submits a revision of the resolution into the following:

Resolved, That members by invitation shall be nominated in writing, by five members, which nomination shall be made a matter of record; that when elected they shall enjoy the rights and privileges of delegates, and remain as permanent members of the association.

Resolved, That all permanent members shall have the right of voting.

Respectfully submitted.

DAN. DRAKE.

Dr. I. HAYS moved to take up the majority report, which motion was carried.

Dr. ARNOLD spoke against the article of the constitution authorizing invited members to vote.

Dr. WOOD explained his report, and urged its adoption.

Dr. DAVIS, of Chicago, said that there was much misunderstanding in regard to the intention of the constitution in respect to the members by invitation. He hoped that the constitution would be strictly acted up to, and that members should be invited only "from sections not otherwise represented."

Dr. WOOD said his was an amendment, and not a repeal of the old provision.

Dr. DRAKE responded—he had waited for arguments against his resolution, but had heard none. He then entered into a long argument in favor of *popularizing* the association with the profession in the United States, and took ground in favor of a permanent place of meeting at Washington City.

Dr. W. ATLEE, of Pennsylvania, said he could see no harm in giving the privilege of voting to invited members who came from unrepresented localities, but was opposed to the right of voting proposed to be given to permanent members.

Dr. MEIGS, of Philadelphia, asked whether a gentleman would be invited to attend without any privileges, and went on to say that he hoped the association would have five, ten or even twenty thousand members at some future period.

Dr. HOOKER, of Connecticut, begged to be allowed to offer the following resolution, the resolution of Dr. DRAKE having been laid on the table for the present:

Resolved, That no member be permitted to speak longer than ten minutes at any one time in any one debate.

Dr. PHILIPS, of New York, offered to amend the resolution by inserting "15," which motion was lost.

The resolution as offered by Dr. HOOKER, was then adopted.

Dr. HAYS moved to lay the subject on the table, and added that by a constitutional provision it was required to lay over one year.

The motion was seconded by Dr. TUCKER, of Virginia.

Dr. DICKSON, of South Carolina, asked if the motion swept off the whole resolution, and was answered affirmatively by Dr. HAYS.

Dr. ——— said if the matter was postponed now they would not be out of difficulty, because all that is necessary to defeat it next year would be to move to amend it, and it would have to lay over a year again, &c.

The matter was finally laid on the table.

Dr. WOOD, of Pennsylvania, called up the second part, or that portion giving to permanent members the right to vote.

The majority of the committee accepted the substitute of the minority, which was read as follows, viz :

Resolved, That all permanent members shall have the right of voting.

Dr. DICKSON urged the adoption of the above resolution.

Dr. HAYS, of Philadelphia, remarked that the constitution had not been studied by the gentleman who had urged the adoption of the resolution, and spoke in opposition to the measure.

Dr. THOMPSON, of Delaware, supported Dr. HAYS, and hoped that the whole matter would be laid over for a year.

Dr. DICKSON observed that he had been accused of ignorance of the constitution. He hoped to have these gentlemen always here to instruct him.

Dr. BOND, of Maryland, took part in the discussion.

Dr. ADAMS, of Massachusetts, remarked that they ought to strike out the words "permanent delegates" from the constitution, and was proceeding with his remarks, when the gentleman was called to order.

The question was here taken on the adoption of the resolution, which was lost by a large majority.

Dr. I. HAYS, the treasurer of the association, then read the report of the committee of publication and also the report of the treasurer.

The subjoined resolutions, appended, were read and adopted :

1. *Resolved*, That the assessment for the present year shall be \$ 3.

2. *Resolved*, That those delegates who pay the assessments shall be entitled to one copy of the transactions for the present year, and that the payment of two dollars, in addition, shall entitle them to two additional copies.

3. *Resolved*, That permanent members shall be entitled to one copy of the transactions for the present year on the payment of two dollars, and three copies on the payment of five dollars.

4. *Resolved*, That societies which have been represented in the association shall be entitled to copies for their members on the same terms that copies are furnished to permanent members.

5. *Resolved*, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

6. *Resolved*, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

7. *Resolved*, That the several committees be requested to bring to the meeting of the association their reports, correctly and legibly transcribed, and that they be required to hand them to the secretaries as soon as they have been read.

All which is respectfully submitted.

ISAAC HAYS,
D. FRANCIS CONDIE.

Philadelphia, April 20, 1851.

Dr. DRAKE, of Ohio, moved that the report on surgery be read first. Adopted.

Professor EVE, chairman of the committee on surgery, then proceeded to read his report.

A motion was made by Dr. DAVIS to commit the same to the committee on publication; which was adopted.

Dr. HAYS moved to read Dr. FLINT's report by its title—Practical Medicine—and refer the same to the committee on publication, which motion was adopted, and the several hundred copies printed and furnished by the author were directed to be distributed among the delegates present.

A motion was then made to adjourn till 5 o'clock, P. M., which was adopted.

Afternoon Session.

The president having called the meeting to order,

Dr. BOYLE, of Washington, offered a resolution that the association in future meet in Washington city.

Dr. GOOCH extended an invitation from the Medical Society of Virginia to hold the next meeting in Richmond city, which he said was in accordance with the instructions of the delegation, and Dr. CARTER P. JOHNSON, from the medical faculty of Hampden Sidney college, presented an invitation to the same effect. Invitations were also presented by Dr. JONES, of the University of Louisiana, to meet at New Orleans, and Dr. J. P. JOHNSTON, of Missouri, to meet at St. Louis. The resolution and invitations were referred to the committee on nominations.

The president suggested the propriety of appointing the standing committees at an early day.

Dr. WOOD remarked that there was a proposition to abolish standing committees.

Dr. HAYS said he was opposed to these committees, but would not press an alteration.

Dr. TUCKER moved that the appointment of the standing committees be referred to the committee on nominations, which motion was adopted.

Dr. JONES, of Louisiana, resigned as a member of the committee of nominations, and Dr. FENNER, of New Orleans, was appointed in his place.

Dr. PARSONS then moved that the committee of nominations be requested to resume its labors, which was adopted.

Dr. WRAGG, of Charleston, moved that the report of the committee on prize essays be read, and then that the obstetric report be brought up. Carried.

The report on prize essays was then read, and the resolutions appended thereto were adopted.

When, on motion of Dr. READY, of South Carolina, the whole matter was referred to the committee of publication.

Dr. STORER, of Boston, chairman of the committee on obstetrics, read the report on that subject. He stated that he had received a

letter from Dr. THOMPSON, of Illinois—that he was the only member of the committee who had aided him in any degree. He mentioned this fact, because he had to hold himself entirely responsible for all the inaccuracies, &c.

Dr. PHELPS, of New York, moved that the report be referred to the committee of publication.

Dr. ROBERTSON, of South Carolina, moved that the statistics alluded to in the report be stricken out, as they had been taken from a source not very reliable.

Dr. STORER seconded the motion.

Dr. BOND moved to postpone the report until morning, which was seconded by Dr. GILMAN.

A short debate here ensued; when it was finally agreed to re-commit said portion of the report, to be corrected and laid before the association in the morning.

On motion, the association adjourned to meet on Thursday morning at 10 o'clock.

Third Day.

The president, Dr. JAMES MOULTRIE, took the chair at 10 o'clock.

The minutes of the previous meeting were read, and after some slight amendments, were confirmed.

Dr. J. M. SMITH, of Massachusetts, moved that the report of the committee on medical education be made the special order, after the disposal of the report on the committee of obstetrics.

Dr. GAILLARD, on behalf of the committee of arrangements, read a list of delegates reported and registered since the last report.

Dr. CAMPBELL, of Georgia, presented a model of a malformation of the knee joint, the patella being absent.

Dr. WOOD, of Pennsylvania, offered the following resolution:

Resolved, That colleges, exclusively of dentistry and pharmacy, are not recognized by the association as among the bodies authorized to send delegates to its meetings.

Dr. WOOD, of New York, moved to amend, by dividing the resolution, so as to make the question, first, on the reception of delegates from colleges of dentistry; secondly, on the reception of delegates from colleges of pharmacy.

The amendment having been accepted, the question of the reception of delegates from colleges of dentistry was debated.

Dr. LAMB moved an indefinite postponement of the resolution, which was lost.

Dr. YARDLEY, of Pennsylvania, asked and obtained leave to read a resolution from the Philadelphia county medical society.

The discussion of the original question was then resumed.

A motion was finally made by Dr. HAYS, of Pennsylvania, that the whole resolution of Dr. WOOD, including colleges of dentistry and pharmacy, be referred to a special committee of five members, which resolution was adopted.

On motion of Dr. YARDLEY, of Pennsylvania, the resolution pre-

sented by the Philadelphia county medical society was also sent to the same committee.

Dr. JONES, of North Carolina, offered the following resolution :

Resolved, That all the medical colleges in the United States are hereby earnestly and respectfully requested to hold a convention, through delegates respectively chosen by them, at least once in every six years, to take into consideration the proper method of harmoniously elevating the standing of medical education in the said colleges.

The order of the day was then called up, when Dr. STORER reported that he had erased the statistics referred to yesterday, and that he placed the report in the hands of the association. Dr. S. said that there was objection to the remarks on the subject of Dr. GILMAN's paper on the speculum relm. He asked that he be permitted to remove the unnecessary expression of opinion in regard to that subject. He further added, that he had taken from the journals these facts, and was not therefore responsible for the correctness of the papers, &c.

Dr. BOND, of Maryland, remarked that there were charges in these reports which he did not individually endorse, but which go out in a book under the sanction of the association.

On motion of Dr. DAVIS, the report was referred to the committee of publication.

At this stage of the proceedings, Professor S. S. HOLDEMAN, of Lancaster county, Pennsylvania, through Dr. JOHN L. ATLEE, presented to the association an essay on Latin pronunciation, of which he is the author ; and which, on motion of Dr. ATLEE, was referred to the committee on medical literature.

On motion, the regular order was suspended for the reception of the report of the committee of nominations, which was read and laid on the table.

Dr. HAYS then called up the resolution on page 43, vol. 2 of the Transactions of the Association, and moved to strike out "all that relates to committees," &c.

The motion was seconded by Dr. STEVENS, and urged by Dr. DRAKE, who announced some ten or twelve special points, which he said ought to occupy the association, instead of being occupied with epitomes of RANKIN & BRAITHWAITE.

Dr. HOOKER, of Conn., spoke of the looseness of committees and editors of journals.

Dr. DAVIS thought that they could decide on the matter at once.

Dr. HAYS proposed to dispense with the standing committees. The question was then taken on the resolution, which was adopted.

Dr. WOOD, of Penn., offered the following resolution, which was adopted :

Resolved, That a committee be appointed to take into consideration the arrangement of a committee for future action, to report as speedily as possible.

The chairman of the committee on medical education was about to read the regular report on that subject, when Dr. DRAKE moved the suspension of the reading till after the recess, as it was a very long report.

On motion of Dr. JOHNSTON, of Missouri, the report of the committee on medical literature was then taken up.

Dr. DESAUSSURE announced that Dr. DAVIS would read a paper entitled "An experimental enquiry concerning some points connected with the process of assimilation and nutrition."

Dr. REYBURN, of Missouri, presented and read the report of the committee on medical literature. In the course of his reading the report, he gave way to a motion to adjourn, which was carried.

Afternoon Session.

The president took the chair at half past 5 o'clock.

The secretary announced the following gentlemen as having been appointed by the president, under a resolution of this morning, concerning a committee for the arrangement of business for the occupation of the association in future: Drs. G. WOOD, of Pennsylvania, J. HAYS, D. DRAKE, A. H. STEVENS, W. HOOKER, B. R. WELLFORD and S. H. DICKSON.

The following gentlemen were appointed a committee under a resolution in regard to schools of pharmacy and dental surgery, viz: Drs. HAYS, STEVENS, YARDLEY, STORER and JONES.

Dr. DICKSON moved the following preamble and resolutions, which were seconded by Dr. LEBBY, and unanimously adopted without debate:

Whereas efforts are being made to repeal the law of 1847, which confers protective ranks on the members of the medical department of the army—Therefore,

Resolved, That the American Medical Association views with regret the existence of hostility to the act of congress, approved February 11, 1847, which confers legal rights and equality with other staff departments on the medical officers of the army, and gives them a position to which the importance and character of the profession entitle them.

Resolved, That copies of these resolutions, with the resolutions of the association passed at its last annual meeting on the same subject, be transmitted to the secretaries of war and of the navy, through the chiefs of the medical department of each service, and to the presiding officers of the senate and house of representatives of the United States.

The reading of the report of the committee of medical literature was then concluded.

On motion, the report was received and referred to the committee on publication.

The report of the committee on medical education was then called for, and as the hour was late, the chairman read only so much of it as relates to demonstrative midwifery, which had by special resolution been referred to the committee.

On motion, the report was accepted, and referred to the committee on publication.

Dr. DICKSON then offered the following resolution, which was adopted:

Resolved, That this association unanimously approve of the opinions expressed in the report of the committee on medical education in respect to demonstrative midwifery.

The association then adjourned to meet at 10 o'clock on Friday.

Fourth Day.

The president, Dr. JAMES MOULTRIE, in the chair.

The minutes of the last meeting were read and confirmed.

The report of the committee on medical education being the special order, Dr. STEVENS, of New York, asked and obtained leave to introduce the following resolutions:

Resolved, That the members of this association cannot separate without expressing their grateful sense of the hospitalities and numerous delicate attentions received from their medical brethren of South Carolina and the citizens of Charleston.

Resolved, That a committee be formed to procure a tablet, with a suitable inscription, commemorative of this meeting and the feeling it has elicited, to be placed at the disposal of the Medical Association of South Carolina.

Inscription.—"This tablet is here placed by the American Medical Association, to commemorate their annual meeting in the city of Charleston in May 1851, and to signalize their gratitude for the extraordinary professional and social enjoyments that accompanied it."

The resolutions having been seconded were adopted; and Dr. STEVENS further moved that Drs. HAYWARD, of Mass., F. A. RAMSEY, of Tenn., and himself constitute the committee.

Dr. RAMSEY, of Tenn., asked and obtained leave to read a letter from Dr. E. D. FENNER, of Louisiana, and offered the following resolution on the subject, which was adopted:

Resolved, That the efforts of Dr. FENNER to place on a firm and durable basis an annual publication, embracing medical reports from the whole Southern portion of the Union, merit the commendation of this association, and should receive solid support from American physicians.

Dr. HAYS, of Pa., asked and obtained leave to call up for consideration so much of the report of the nominating committee as relates to the selection of the next place of meeting of the association, and the appointment of the committee of arrangements and the committee of publication, the other standing committees having been abolished. The report having been read, Dr. DRAKE, of Ohio, made an urgent appeal in favor of Washington city as the next place of meeting. The question being taken on the adoption of that part of the report of the committee, which proposed Richmond, (Va.,) it was adopted by a large majority. The question being taken on the confirmation of the committee of arrangements and publication, the nominations of the committee were confirmed.

Richmond, Va., was selected as the next place of meeting by the association, and the following gentlemen appointed a committee of arrangements, viz: Drs. R. W. HAXALL, Chairman; CARTER P. JOHNSON, JAMES BEALE, CHAS. B. GIBSON, S. MAUPIN, R. D. HAS-

KINS, C. S. MILLS and M. P. SCOTT. Committee of Publication—DRS. HAYS, of Pa., G. EMERSON, of Pa., D. F. CONDIE, of Penn., H. W. DESAUSSURE, of So. Ca., J. PARRISH, of Penn., P. C. GOOCH, of Va., and G. W. NORRIS, of Penn.

Dr. HOOKER, of Conn., chairman of the committee on medical education, completed the reading of the report on that subject, and offered the following resolutions:

Resolved, That the abuses which exist in the modes of medical education pursued in this country demand the serious consideration of the profession.

Resolved, That free discussion in relation to these causes is an important means of effecting their removal.

Resolved, That in the opinion of this association no effort to remove these abuses can succeed, that is not based upon a reform in the public sentiment, both of the profession and of the community.

Resolved, That this reform, so far as the profession is concerned, is to be effected mainly through its organizations, and that it is therefore incumbent upon every physician to do all that he can to give them character and efficiency.

Resolved, That this association has confidence in all proper efforts which have for their object a reform in the sentiments and practice of the community in relation to medicine and the medical profession.

Resolved, That the recommendations of this association at its former meetings in regard to education, both preliminary and medical, be reaffirmed, and that both the schools and private preceptors be still urged so to do their duty as to secure to the community a well-educated profession.

Resolved, That in the work of medical reform, while all precipitate movements should be avoided, we should aim at a steady advance, from year to year, till a thorough system of education be established by the profession throughout our country.

Dr. WOOD, of Pennsylvania, asked leave to suspend the order usually taken with reports. Permission being granted, he read the following report, which was adopted:

The committee to whom was referred the subject of arranging a plan of committees for future action, in place of the standing committees abolished by the association, have the honor to report as follows:

It appears to them that the most feasible plan of accomplishing the objects of the association is to select certain subjects which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next. Such a selection the committee have accordingly made, and will offer to the consideration of the association.

As an additional means of securing valuable contributions, they propose, also, the appointment of a committee, whose business it shall be, in the interval between this and the next session, to receive original volunteer papers, upon any subjects which their authors may choose, to decide upon the merits of these papers; and to present to

the association, at its next session, such of them as they may deem worthy of receiving this direction. With a view to increase competition, they think it advisable that a prize of fifty dollars, or a gold medal of that value, be awarded to each of the five papers presented to the association, or any smaller number of them, which the committee may consider most meritorious and the association may resolve to publish.

In reference to the resolution presented in the report of the standing committee on medical literature, and referred to the present committee, they have only to observe that, as its ends will probably be most effectively obtained by the adoption of the general plan which they have already brought before the notice of the association, they do not consider it expedient to make any further report.

As to the appointment of the special committees referred to, your committee think that the most convenient plan will be to refer to a special committee the nomination of a chairman for each, who shall then select, at his convenience, two individuals to aid him, with the restriction only, that the persons so selected shall be members of the association.

To the same nominating committee may be referred the appointment of the general committee, whose business will be to receive and judge whatever papers they may receive. As this general committee must frequently compare opinions, it will be desirable that they should reside near each other, and it is accordingly proposed that they should be chosen from one neighborhood. If the plan be found to work well, this locality may be changed every year, so that each section of the Union may in its turn be charged with this duty. The committee would suggest that the general committee should be first chosen from members of the association, residing in Boston or its neighborhood, as the most Northern point.

To embody these suggestions in due form, the committee offer the following resolutions:

1. *Resolved*, That committees of three be appointed to investigate and report severally on the following subjects:

- 1st. Causes of the tubercular diathesis.
- 2d. Blending and conversion of the types of fever.
- 3d. The mutual relations of yellow fever and bilious remittent fever.
- 4th. Epidemic erysipelas.
- 5th. Acute and chronic diseases of the uterus and its neck.
- 6th. Dengue.
- 7th. The milk sickness, so called.
- 8th. Endemic prevalence of tetanus.
- 9th. Diseases of parasitic origin.
- 10th. Physiological peculiarities and diseases of negroes.
- 11th. The action of water on lead pipes, and the diseases which proceed from it.
- 12th. The alkaloids which may be substituted for quinia.
- 13th. Permanent cure of reducible hernia.
- 14th. Results of surgical operations for the relief of malignant diseases.
- 15th. Statistics of operations for removal of stone in the bladder.

16th. Cold water dressings.

17th. The sanitary principles applicable to the construction of dwellings.

18th. The toxicological and medicinal properties of our cryptogamic plants.

19th. Agency of the refrigeration produced through upward radiation of heat as an exciting cause of disease.

20th. Epidemic diseases of New England and New York.

21st. Epidemic diseases of Pennsylvania, New Jersey, Delaware and Maryland.

22d. Epidemic diseases of Virginia and North Carolina.

23d. Epidemic diseases of South Carolina, Georgia, Florida and Alabama.

24th. Epidemic diseases of Mississippi, Louisiana, Texas and Arkansas.

25th. Epidemic diseases of Tennessee and Kentucky.

26th. Epidemic diseases of Missouri, Illinois, Iowa and Wisconsin.

27th. Epidemic diseases of Indiana, Ohio and Michigan.

II. *Resolved*, That a committee of nomination be appointed, whose duty it shall be to nominate the chairman for each of the above committees.

III. *Resolved*, That each of the chairmen thus nominated shall select, at his earliest convenience, the members of the association to complete the committee.

IV. *Resolved*, That a committee of five members be appointed, to be called the committee for volunteer communications, whose duty it shall be, in the interval between the present and the next succeeding session, to receive papers upon any subject from any persons who may choose to send them, to decide upon the merits of these papers, and to select for presentation to the association, at its next session, such as they may deem worthy of being thus presented.

V. *Resolved*, That the committee for volunteer communications shall have the power to form such regulations as to the mode in which the papers are to be presented, and as to the observing of secrecy or otherwise, as they may think proper.

VI. *Resolved*, That the selection of the members of this committee be referred to the same nominating committee, whose duty it will be to appoint the chairman of the several special committees as above directed, with this restriction, that the individuals composing it shall reside in the same neighborhood.

VII. *Resolved*, That a prize of fifty dollars be awarded to each of the volunteer communications reported on favorably by the committee, and directed by the association to be published: *Provided*, That the number to which the prize is thus awarded do not exceed five; and, provided, also, if the number approved and directed to be published exceed five, that in such case the prize be awarded to the five which the committee may determine to be most meritorious.

All of which is respectfully submitted.

GEO. B. WOOD, *Chairman*.

Charleston, May 9th, 1851.

Dr. HAYS, of Pennsylvania, gave notice, that at the next meeting of the association he should offer an amendment to the constitution, line 4, so as to read "\$10, instead of \$3."

Dr. ATLEE, of Pennsylvania, remarked on the value of the report of the committee on medical education, and offered the following resolution, which was adopted :

Resolved, That it be recommended to the several state medical societies throughout the Union, to procure a re-publication of the report of the committee on medical education, for general distribution among the profession.

Dr. DRAKE offered the following resolution :

Resolved, That in the opinion of the association, the students of our schools should be required to matriculate within the first days after the opening of the sessions, and continue their attendance to the end of the terms, taking with them evidence of the same, to be presented with tickets of the professors when they become candidates for degrees.

The resolution was adopted, and Dr. GIBSON moved to defer the filling up of the blank. Some discussion arose on this point, when the resolution was left to read, "within the first days," &c.

The report of the committee on medical science was then called up, when a letter was read from Dr. DOWLER, chairman of said committee, regretting his inability to be present, and the necessity of sending it.

Dr. FENNER then read the outlines of the report, and asked permission to retain the same for revision, copying, &c., which was granted.

Dr. MAURAN offered the following resolution, which was adopted :

Resolved, That the committee on publication be instructed to print conspicuously upon the title page of the forthcoming volume of the transactions, the following declaration, viz : "The American Medical Association, although formally accepting and publishing the reports of the various standing committees, holds itself wholly irresponsible for the opinions, theories or criticisms therein contained."

Dr. STORER moved the following resolution, which was adopted :

Resolved, That the hearty thanks of this association be presented to their late secretary, ALFRED STILLE, M. D., for his constant, unwearied and invaluable services since its first organization.

The secretary then read the report of the committee on "adulterated drugs."

Dr. GOOCH expressed his disapprobation of the report, on account of its meagreness, &c.

A motion was made to refer the same to the publication committee; which was rejected.

Dr. GOOCH then moved to lay it on the table, which motion prevailed.

Dr. GAILLARD, of South Carolina, chairman of the committee on hygiene, presented an outline of the report on that subject. Referred to the committee of publication, with authority to append thereto a paper now in preparation, on the mortuary statistics of certain cities.

Dr. DRAKE, of Ohio, offered the following amendments to the constitution, which were read and ordered to lie over under the rule :

"All members by invitation must be nominated in writing by five members of the association, whose names shall be recorded in the minutes. When elected, they shall enjoy all the rights and privileges of delegates, and remain permanent members of the association.

"All permanent members shall be entitled to vote, and when they attend a meeting of the association, their respective names shall be registered, and each shall pay the sum required from a delegate."

The secretary read a protest from the Iowa University, against the representation of Rush medical college in this association.

Dr. JERVEY moved to refer the protest to a special committee, to report at once.

Dr. WOOD moved to refer it to the committee on colleges of pharmacy and dentistry, which was carried, Dr. JERVEY having withdrawn his motion.

Dr. WOOD read the following report of the committee of nominations, which was adopted :

The committee to whom was referred the nomination of the chairmen of the several special committees, to report at the next session, and also of the committee for volunteer communications, report that they have fulfilled the object of their appointment, and offer the following list of chairmen to the committees first referred to, viz :

1st. Dr. D. F. Condie, Philadelphia, chairman to the committee on the causes of the tubercular diathesis.

2d. Dr. S. H. Dickson, of Charleston, S. C., on the blending and conversion of the types of fever.

3d. Dr. James Jones, of New Orleans, on the mutual relations of yellow and bilious remittent fever.

4th. Dr. John B. Johnston, of St. Louis, Mo., on epidemic erysipelas.

5th. Dr. Charles D. Meigs, of Philadelphia, acute and chronic diseases of the neck of the uterus.

6th. Dr. J. P. Jervy, of Charleston, S. C., on dengue.

7th. Dr. Daniel Drake, of Cincinnati, milk sickness—so called.

8th. Dr. Lopez, of Mobile, Ala., epidemic prevalence of tetanus.

9th. Dr. George B. Wood, of Philadelphia, on diseases of parasitic origin.

10th. Dr. R. D. Arnold, of Savannah, Geo., on the physiological peculiarities and diseases of negroes.

11th. Dr. Horatio Adams, of Waltham, Mass., on the action of water on lead pipes, and the diseases which proceed from it.

12th. Dr. Jos. Carson, Philadelphia, on the alkaloids which may be substituted for quinia.

13th. Dr. Geo. Hayward, Boston, Mass., on the permanent cure of reducible hernia.

14. Dr. S. D. Gross, Louisville, Kentucky, on results of surgical operations for the relief of malignant diseases.

15. Dr. James R. Wood, New York, statistics of the operation for the removal of stone in the bladder.

16. Dr. Charles A. Pope, St. Louis, Missouri, water, its topical uses in surgery.

17. Dr. Alex. H. Stevens, New York, sanitary principles applicable to the construction of dwellings.

18. Dr. Porcher, Charleston, S. C., toxicological and medicinal properties of our cryptogamic plants.

19. Dr. G. Emerson, Philadelphia, agency of the refrigeration produced through upward radiation of heat, as an exciting cause of disease.

20. Dr. Worthington Hooker, Connecticut, on the epidemics of New England and New York.

21. Dr. John L. Atlee, of Lancaster, Penn., on the epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

22. Dr. Robert W. Haxall, Richmond, Va., on the epidemics of Virginia and North Carolina.

23. Dr. Wm. M. Bolling, Montgomery, Ala., on the epidemics of South Carolina, Georgia, Florida and Alabama.

24. Dr. Ed. H. Barton, Louisiana, on the epidemics of Mississippi, Louisiana, Texas and Arkansas.

25. Dr. Sutton, Georgetown, Ky., on the epidemics of Tennessee and Kentucky.

26. Dr. Thomas Reyburn, Missouri, on the epidemics of Missouri, Illinois, Iowa and Wisconsin.

27. Dr. George Mendenhall, Ohio, on the epidemics of Ohio, Indiana and Michigan.

The following gentlemen were appointed on the committee for volunteer communications, viz: Drs. Geo. Hayward, J. B. J. Jackson, D. H. Storer, and Jacob Bigelow of Boston, and Dr. Usher Parsons, of Providence, R. I.

Signed in behalf of the committee.

GEO. B. WOOD, *Chairman*.

Charleston, Friday, May 9th, 1851.

The president read an invitation from the committee of reception to a steamboat excursion on the Cooper and Ashly rivers, on Saturday.

Dr. M'INTYRE, of New York, proposed that the code of ethics and constitution of the association be recommended to be published by the several state societies. Proposition adopted.

Dr. GRIMSHAW offered the following resolution, which was laid on the table:

Resolved, That medical colleges, in publishing statements of the number of medical and surgical cases treated at their dispensaries, act contrary to the spirit of the code of ethics adopted by this body.

Adjourned till 5 o'clock.

Afternoon Session.

The association re-assembled at 5 o'clock, Dr. B. R. WELLFORD, of Virginia, vice-president in the chair.

The special order was called for, and Dr. DAVIS, of Ill., read a paper on the influence of certain diet on the functions of respiration and calorification, &c.

The president, Dr. JAMES MOULTRIE, resumed the chair.

Dr. HAYS moved to proceed with the consideration of unfinished business.

Dr. GRIMSHAW offered the subjoined resolution, which was adopted: *Resolved*, That the thanks of the association be returned to Dr. Davis for the paper just presented by him.

Dr. F. A. RAMSEY, of Tenn., called up, as unfinished business, the resolution offered yesterday by Dr. JONES, of Tenn., and not then acted upon, to which Dr. GRIMSHAW offered the following amendment: "And that the first convention be held before the first of May 1852." The question being taken on the resolution and the amendment, they were both negatived by a large majority.

Dr. PHELPS, of New York, offered the following resolutions, which were unanimously adopted:

Resolved, That the warmest thanks of the association be tendered to the trustees of the St. Andrew's Society, for the gratuitous use of their very convenient and eligible hall; and to all those other institutions and reading-rooms, which have been so freely thrown open for the inspection and use of the members.

Resolved, That the committee of arrangements receive our most grateful acknowledgments for the very handsome, and indeed magnificent manner in which they have provided for the entertainment and pleasure of the delegates from abroad, during their sojourn in the city of Charleston.

Resolved, That not only the profession of medicine, but also private munificence, and the kind attentions of the citizens generally, have conspired in manifestations of that urbanity of manner, and that unwearied and kind attention, which commands not only our profound admiration, but will be followed by the most pleasing recollections so long as life and thought shall endure.

On motion of Dr. STEVENS, the above resolutions, with those offered by him at the morning session, were ordered to be published in the city papers.

Dr. JOHNSTON, of St. Louis, moved to adjourn *sine die*, which was adopted.

The vice-president in the chair, Dr. WELLFORD, of Virginia, then congratulated the association on the happy termination of its labors, and declared it adjourned, to meet again in Richmond, Va., on the first Tuesday in May next.

The Medical Society of Virginia.

The twenty-seventh annual meeting of the Medical Society of Virginia was held at the hall of the Richmond Library Association, on Tuesday evening, May 20th, 1851—Dr. ROBERT W. HAXALL (President) in the chair. The attendance of members was very large, though there were not as many from the counties as we had hoped to see.

After reading the minutes of the preceding meeting, the President addressed the society as follows:

Gentlemen,—Before entering on the duty before us of electing the officers of this society, I wish, with your permission, to say a word or two.

It is known to most of you, if not to all, that I have expressed the

wish that some other member of our body might be called upon to preside over its deliberations for the coming year. Not only am I influenced by a desire to see the principle of "rotation in office" established among us, but I am also swayed in some degree by a feeling which attaches to my own personal convenience. When I accepted the office which you did me the honor to confer upon me, I determined most faithfully and conscientiously to perform its duties as far as I was able so to do. No considerations of social enjoyment have I ever permitted to come in conflict with these duties; nay, I might go farther and say, that on more than one occasion my professional engagements have been made to yield to those obligations which demanded my presence here.

In thus expressing myself, you will not, I am sure, accuse me of any feeling akin to egotism, for I am as sensible as any of you can possibly be, that the interests of this society would have been subserved even in a far greater degree by the selection of some other individual. If I have been punctual in my attendance, and impartially rigid in the performance of my duty, it has arisen mainly from a sentiment which I have ever entertained, viz: that one should never accept an office unless he intended to bestow upon it his undivided attention. If I have succeeded in eliciting your good will, my highest ambition has been answered.

Although, gentlemen, I have really not had it in my power to respond, as I wished to do, to a resolution unanimously adopted by the society some two months since, yet I cannot permit the occasion to pass away without congratulating you upon our present prosperous condition. Nine years ago, when this society was re-organized, a most praiseworthy spirit seemed, for a time at least, to infuse itself among us; our meetings were well attended, papers were regularly read, and our discussions were conducted with considerable zeal—but it was only for a time. If since that period our progress has not constantly been onward—if some among us can remember a year or two of comparative lukewarmness, does not the flattering prospect before us amply repay the cares and toils through which we have passed?

It will not be indecorous in me to assert—for the position which I have held for the last year has prevented me from taking part in our debates—that in my opinion they are now conducted with an ability worthy of all commendation. The generous rivalry, not for mastery merely, but for the elucidation of truth, which has so often displayed itself in this hall, will never separate us in feeling, but will contribute rather to rivet still closer those kindly sentiments which now exist.

Nor are *we* the sole beneficiaries of a purpose so laudable—so productive of good. Our example has become in some degree contagious, and the proof of the assertion is exhibited in the fact that within the last few months a very large accession to our numbers has taken place. If present and immediate benefit does not accrue to those who do not reside among us, from the discussions which take place here, they no doubt look with much interest to the reports which are submitted to their inspection. In some measure it may be said that this

is due to non-resident members, as a partial remuneration for the encouragement given in permitting us to record their names.

I am sure I need not submit a single remark calculated to stimulate the energies of our members. Endowed with as large a share of natural ability as usually falls to the lot of a like number of individuals, there is no reason why we may not contribute our mite to the general fund of medical improvement; and perhaps it may be somewhat gratifying to know that more than one paper has emanated from this society which has been noticed in terms of marked commendation.

Let us then, gentlemen, bring to our labors a zeal and an industry which shall know no other limit than the accomplishment of the ends we have in view. With no sinister purposes to subserve—no private piques to disturb the smooth current of our way, let us continue to encourage those fraternal feelings which now so happily abound. And if it be that no brilliant discovery shall hand down the name of any to an admiring posterity, the consciousness that we have faithfully acquitted ourselves of the obligations which rest upon us will serve to brighten the memory of the past, when the decrepitude of years shall have unfitted us for the active pursuits of life.

The treasurer's report was then presented and read, and his books laid before the society. On motion, a committee of three was appointed to examine and audit his accounts. The report exhibits a surplus in the hands of the treasurer over and above all liabilities.

In the absence of the librarian no report was made as to the condition of the library. We are sorry to see no steps taken to build up a scientific library commensurate with the dignity and importance of the society. We hope that before the next annual meeting something will be done in relation to this subject, and that the new hall in contemplation will contain a fine library and museum.

The following gentlemen were then severally ballotted for and declared duly elected officers for the ensuing year:

<i>President,</i>	Dr. BEVERLY R. WELLFORD of Fredericksburg.
<i>1st Vice-President,</i>	Dr. JAMES BEALE of Richmond city.
<i>2d do.</i>	Dr. CARTER P. JOHNSON, do. do.
<i>Recording Secretary,</i>	Dr. P. CLAIBORNE GOOCH, do. do.
<i>Corresponding Secretary,</i>	Dr. WILLIAM D. HASKINS, do. do.
<i>Treasurer,</i>	Dr. JAMES BOLTON, do. do.
<i>Librarian,</i>	Dr. WILLIAM J. CLARK, do. do.
<i>Publication Committee,</i>	{ Dr. CHAS. S. MILLS, <i>Chairman.</i>
	{ Dr. GOODRIDGE A. WILSON.
	{ Dr. ARTHUR E. PETICOLAS.

After balloting for regular members, and the reading of numerous letters of application for membership, the following gentlemen were elected honorary members:*

Dr. JAMES MOULTRIE, president of the American Medical Association of Charleston, South Carolina.

Dr. A. H. STEVENS, professor in college of physicians and surgeons, of New York city.

* The constitution prohibits the election of but four honorary members at any annual meeting.

Professor JEFFRIES WYMAN, M. D., &c. of Harvard University, Mass.

Dr. GEORGE D. GIBB, F. R. C. S. I., &c. of Montreal, Canada.

The following resolutions were adopted :

"*Resolved*, That the thanks of the society are eminently due to the president and other officers for the past year, for the able and courteous manner in which they have discharged their respective duties.

"*Resolved*, That the president elect be and is hereby requested to deliver an address at the next annual meeting."

Notice was given that at the June meeting a resolution would be offered putting aside the balance now in the treasury, together with the initiation fees hereafter received, as a separate fund to be disposed of by the society for the general benefit, and only at its annual meetings.

The following resolution was offered and laid on the table until the next meeting :

"*Resolved*, That the members of this society pledge themselves not to purchase, by prescription or otherwise, of any apothecary who is in the habit of prescribing."

The following resolution was adopted, and the chair was given time to make the appointments under its provisions :

"*Resolved*, That the president appoint committees of five on the subjects hereinafter mentioned, and that they be requested to draw up written reports on these several subjects, and present them to the society at convenience."

These appointments to hold until the next annual meeting.

1st. On the present condition of medicine and the interest of the profession in the state of Virginia.

2nd. On medical education and literature, and the progress of professional and popular quackery.

3rd. On hygiene and public health, and the medical topography and statistics of Virginia.

4th. On practical medicine and pathology.

5th. On surgery.

6th. On anatomy and physiology.

7th. On obstetrics.

8th. On materia medica and chemistry.

9th. On the indigenous botany of Virginia.

10th. On those pursuits so connected directly or indirectly with the profession as to demand its attention, such as dentistry, dispensing physics, manufacturing of instruments, apparatus, &c., &c."

After a lengthy discussion on some private business, the society adjourned.

The *New York Medical Gazette* has the following item :

"*Quite Interesting*.—In the report of a surgical clinique of an ambitious college in Cleveland, Ohio, recently reported, the following case is gravely published: Case 13—A boy aged thirteen, sore thumb. Treatment—A clean rag every day for a week."

EDITORIALS, &c.

Visit to Charleston---The American Medical Association.

Our late visit to Charleston will long be remembered as the most pleasant trip of our lives. We had not been in the city long enough to take a quiet stroll *incognito*, that we might allow first impressions to be formed independent of personal circumstances, before strangers met us as friends, and we were soon overwhelmed with those hospitalities for which the South Carolinians are so renowned. Though the crowd induced by the State convention and the association was so great that the city was filled to repletion, yet the committee of reception, by its activity and energy, procured good accommodations for all who arrived. We were more fortunate than our neighbor of the Messenger, in procuring good quarters with friend Mixer of the Charleston hotel, and it would be ungrateful not to say that we received the best attention, &c.

The cordial reception by the profession, and the generous and splendid entertainment by the citizens of the 200 delegates from abroad, produced a lasting impression upon all who were so fortunate as to be present. We would like to have time and space, with the ability, to do justice to the beauties of the city, the happy and pure state of the profession, and the kindness of the inhabitants of Charleston, but we are compelled to leave this duty to some confrere who will do it better.

As will be seen by the proceedings which we publish in the present Number, the association was in session four days. Much of the time was occupied in the reading of long reports of the several standing committees, which were generally able and useful documents, and which most of our readers, we hope, will read in the forthcoming volume of Transactions. The abolition of these committees, and the substitution in their stead of others on special topics of general and practical interest, was a popular measure; and it is earnestly hoped that hereafter the papers presented will be of a character calculated to raise the value and reputation of the publications by the embodiment of American physicians, both at home and abroad. The only other feature in the proceedings of this meeting which we will notice now, is the rejection of Dr. Drake's proposition, which, in effect, contemplates the establishment of the association permanently in the Smithsonian Institute at Washington city, and changing it into a great

National Medical Society. This favorite scheme of its very distinguished originator seemed to meet with but little encouragement. While many would rejoice to see a national society of medicine attached to the Smithsonian Institute, they would be unwilling to give up the present independent organization of the association, the most beneficial influences of which are exerted by its migratory character. This was well illustrated at Charleston, and we think it will be seen and felt next year at Richmond. The adjournment of the association to meet in this city next year is an honor to the state, which we sincerely trust will be duly appreciated. It is now incumbent upon us to organize speedily and perfectly, if we do not, our representation will not be as large as the numbers and character of the profession in Virginia would demand. Before the meeting in May next, we hope to see the State medical society so built up in numbers and strength, that every honorable practitioner in the state may be represented through it; and we would again urge upon our friends in the country to form local societies. Where five or more are in striking distance of one another, let them organize and send a delegate. We hope, too, that the Doctors in Virginia will not be outdone, either in their zeal or in their hospitality and cordiality of reception. The central position of Richmond, the season, and the growing importance of the national association, cause us to believe that there will be present at the next meeting three or four hundred delegates. We promise them a suitable reception.

We commend to our readers a perusal of the paper of Dr. Houston, on the pathology of scarlatina. It is long, and the subject has already occupied much space in our journal; but as we have published very conflicting views on this subject—some, indeed, to which we heartily dissent—and without comment, we throw this paper before the profession, like the others, for what it is worth.

It may be well to take this occasion to say, that we do not hold ourselves responsible for all the views promulgated through the pages of the *Stethoscope*. It would be truly an endless task, if not an impossible one, for an editor of a large medical journal to undertake to give his opinion on every view expressed by his contributors or even in his selections. If he could do so, he would assume the position of an author, and his publication would degenerate into a mere series of essays on different subjects, compiled by one man. And a journal would be worth very little if it were made up of the opinions of any

one man. That the value of a journal depends on the value of the matter which it contains, its independence, &c., we do not deny; but it is the duty of an editor to throw before his readers the views of men occupying high rank as practitioners and essayists, for their judgment, whether they accord with his opinions or not. Then, we say, we expect to continue to publish papers, as we have done, containing doctrine which we believe is not orthodox; but in doing so, there must always be appended a responsible name, or we shall take the liberty of expressing very freely our own opinions. Indeed, comment is a right and not a privilege, which we shall always exercise when it is deemed proper, but it would be useless if not stupid for us to express disapprobation of all the opinions of contributors, when they do not accord with our own. When an individual sends us a paper for publication, he desires to lay it before his brethren for their judgment and verdict, not for ours; and it is the duty of the journalist to give an opportunity to all for free discussion, and not to assume to carry it on himself. These remarks have been called out by a knowledge of the fact that some readers have held us responsible for the soundness of doctrines promulgated through the medium of our journal, by men of reputation and ability, and on which we did not comment. To such we say, once for all, that our pages are open for free discussion, and that we should be pleased to hear from them in it.

Reviews and Bibliographical Notices.

BURKE'S NEW WORK ON THE MINERAL SPRINGS OF VIRGINIA.—

"The Mineral Springs of Virginia: with Remarks on their use, the Diseases to which they are applicable, and in which they are contra-indicated, accompanied by a Map of Routes and Distances. A New Work. BY WILLIAM BURKE, M. D., Richmond, Va. Published by MORRIS & BROTHER. 1851. Pp. 348, 12mo."

This is a neat, well-executed work, fresh from the press of Messrs. Ritchies & Dunnivant, and is wholly a Richmond production. It is due to say that it does great credit to all concerned in its issue.

It purports to be a guide to the invalid in his pilgrimage to those unrivalled fountains of health, the Mineral Springs of Virginia, and as such, if it had no other merit, it is entitled to great praise and a wide circulation. In speaking of the necessity of some guide to the use of mineral waters, the author says:

"Whatever scepticism may have existed at a former period among medical men as to the efficiency of mineral waters, no man, in our day, who has any claim to

rank as a physician, can call their powers into question ; I shall not therefore enter into any argument on that subject. Unfortunately, however, they are no less potent for evil than good ; and it therefore becomes my duty not only to point out the advantages that may be derived from their proper use, but also the injuries that may result from their improper prescription. Both these duties I mean to perform to the extent of the moderate ability I possess, without fear, favor or prejudice. I have no connection or interest, directly or indirectly, with any of their proprietors, and shall, therefore, be guided in my estimate of them by my own reflections and observations, derived from an experience of many years."

* * * * *

"I have touched on this subject, because I have seen persons absolutely lose all the chances of benefit from the waters for want of judicious advice. Distant physicians—at least many of them—know nothing of the Virginia Springs, except as a group. Very frequently, they do not know the difference between the White Sulphur and the Red Sulphur ; and often confound the latter with the Red Sweet. When, therefore, a physician, thus ignorant of the distinctive characters of those waters, undertakes to prescribe them, he is as likely to be wrong as right ; and, indeed, we see, every season, many instances of such unfortunate mistakes."

* * * * *

"Whether he employs a physician or not, let me say to the invalid : 'Be in slow haste.' Survey the whole ground according to the suggestions I have laid before you. Do not gulp down large quantities of water to expedite a cure. It would be about as wise as the conduct of a man who eats to repletion, in order to get the worth of his money, or as that of the old negro who swallowed down all the physic left by his master lest it should go to waste."

The Doctor then gives "a general prescription for invalids," in which he lays down the rules of conduct in regard to diet, exercise, the use of the waters, &c., &c., and touches lightly upon the "point of saturation," which so many persons neglect entirely.

Each of the springs, analyses of their waters, the principal diseases in which they are indicated and *contra*-indicated, their situation, mode of approach and capacity of accommodation, together with a general description of whatever is interesting about them, is taken up in regular order. We have not the space to give an extended notice of the professional part of the work at present, but we find in the chapter on "diseases of the liver," the following paragraphs, in which we heartily concur :

"In no disease may more be expected from change of climate and habits of life than in diseased functions of the liver, and in no region of the United States is there a summer climate more favorable than the transmontane division of Virginia. Independent, then, of all mineral waters, much may be expected from visiting this region ; but when the agency of the greatest variety of Mineral Springs may be obtained in connection with climate, our Southern friends have inducements to visit Virginia which are not presented by any other region of the Union.

"Now, to say that any one of the Sulphur Springs is a specific, in all varieties of functional diseases of the liver, is to display great ignorance of the action of those agents. I would desire to impress upon the reader that it is not a purgative effect that is desirable in those cases. If it were, those waters that act most freely upon the bowels would be the most prompt to relieve the disease, and Saratoga water would claim preference over all other waters in the United States, in those conditions of the system ; but such is not the case. We want an agent that will, in the first place, modify the original cause of the hepatic affection, and produce thereon an alterative effect."

In the chapter on "phthisis," Dr. B. says :

"The question may now be fairly raised, allowing the curability of consumption under the most favorable circumstances, have cases thus marked and identified by an unmistakeable diagnosis been relieved at the Red Sulphur? I answer, without hesitation, that they have.

"Since the advances in diagnosis by means of *percussion* and *auscultation*, I have examined numerous patients for signs of tubercular deposition and lesion, whom I met at the Red Sulphur, and several whom I sent thither; and although I do not claim any great skill in these methods of exploring the internal organs, I satisfied myself that there was a tuberculous condition, and I was nevertheless gratified by seeing many such cases receive prompt and decided relief. I trust, however, it will not be inferred that I am disposed to hold forth delusive hopes to any poor invalid who may place reliance on my opinion. I seek not to deceive a human being in this matter. I candidly acknowledge that there are annually many persons presenting themselves at the Red Sulphur, that are not and cannot be benefitted, and whom, if I could have seen them before they left the comforts of home, and the kind attentions of friends, I would have advised against the journey;—but again, I *do say*, that if there *be* hope left, it is in the water of the Red Sulphur."

"The principle upon which the Red Sulphur acts is the sedative principle. From whatever elements this principle has been imparted to it, it is manifest that it is the great lever by which it operates."

Having previously said :

"This water being manifestly narcotic, is contra-indicated in plethora, apoplexy, epilepsy, chorea, vertigo, and all diseases indicating too great a tendency of blood to the brain. In the acute stages of disease, it is decidedly injurious. In the course of my practice in the neighborhood, it was used in some cases as ordinary drinking water, in the first stages of pleurisy and pneumonia, and in bilious fever, but with invariable aggravation of the symptoms. After the inflammatory stage was subdued, and in incipient convalescence, I found it exceedingly valuable in invigorating the constitution."

The author sets out by modestly saying:

"My readers will of course understand that I do not attempt an elaborate treatise on any of the subjects discussed in this work. My highest ambition is, to throw out some hints that may serve to direct the young, inexperienced physician, or the intelligent patient, capable in some degree of treating himself—if, indeed, there be any one, professional or unprofessional, capable of managing his own case, which I very much doubt, owing to that principle of self-love, and consequent self-indulgence, which is inherent in man."

But this book is not a mere guide to the valetudinarian. It is written in a smooth, happy style, agreeable and instructive to the general reader, and is really an invaluable travelling companion to all those who frequent the mountains of Virginia. The chapters on *scenery*, *climate*, *the natural curiosities*, *the society at the springs*, and the *general remarks*, are exceedingly interesting, whether the reader be stationary at home, in the railroad car *en route*, or in the present enjoyment of the mirth and luxury of the season at the springs. The edition must soon become exhausted, and in the next the author promises to "embody the results of his observations on the Eastern group of springs, which it has been out of his power to visit." The public as well as the profession are laid under real obligations for a book of such utility, coming too from one so well qualified by a long experience and residence

among the springs as Dr. Burke. It is proper to state that Dr. B. is in no manner whatever connected with any of the springs, and his observations on them all are marked by a candid, fearless impartiality worthy of all comment.

"MEDICAL DELUSIONS," by WORTHINGTON HOOKER, M. D., author of "Physician and Patient," of Norwich, Connecticut. *New York, Baker & Scribner.* 1851. 12mo. Pp. 105.

This excellent little book has met with a favorable reception throughout the country. It bore off the *Fiske prize*, of the medical society of Rhode Island, for 1850, and is printed in a neat form.

Its style is plain but forcible, and the work is of a popular character, and calculated to do good wherever it finds its way. After some general remarks, the author takes up the "causes and nature of medical delusion."

The first and most potent of which is "a too ready disposition to consider whatever follows a cause as being the result of that cause." The humbugs of past and present times are then taken up, among which are the following: Bishop Berkeley's tar-water panacea, which was in great vogue from 1741 to '49, the Perkins' tractors, which originated in Connecticut in the last century, and which soon came into great repute in England and other foreign countries. The various cures and preventives of hydrophobia, snake stones, all-healing balms, homœopathy, and such like are then considered. After shewing up the ridiculous reasoning of that school, he says: "You observe that the infinitesimal doses are proved to cure diseases precisely as Perkins' tractors, the weapon ointment, and the Bishop's tar-water, were once proved to do it. The reasoning is this: "A patient took a decillionth of a grain of oyster shell three or four times a day; he got well: *therefore* the oyster shell cured him."

Cures by charms, amulets, incantations, *royal-touches*, &c., &c., are shewn to be produced by mental influences.

Another cause of medical delusion is "the disposition to adopt exclusive views and notions." Under this head the "*one-idea men*" get a rub. Here the author might have dilated and given the *calomel panacea* men a dose. But as he had so many such subjects to touch on, it would have been an endless task to do justice to all.

"The disposition to run to extremes, to overstate truth," and the very common "disposition to theorize, instead of encountering the labor of strict observation," "fashion in diseases and remedies," both professional and popular, "and an undue fondness for new things," are

each elucidated in a manner characteristic of the author's mental keenness. In conclusion, he says: "These and other sources of error may be abandoned; and the wide domain of medical science may, even in our day, be secured under the rule of a *pure, exact, rational and comprehensive* OBSERVATION."

There are certain subjects which occupy and excite the public mind, such as *mesmerism* in all its forms, the *Rochester knockings*, *lunar influences*, *phrenology*, and such like chimeras, and which are considered so much akin to medical science, that medical men are held responsible for them, or are required to combat them. Now, we quite agree with Dr. Hooker in what he says is the cure for all this sloughing about the professional body, viz: Rid them of the errors and delusions, educate them to *observe and reason*, and a healthy state of public opinion on these subjects will soon follow. Then to accomplish the end, we want more such books as the one before us, and more such men as Dr. Worthington Hooker.

"WILSON'S DISSECTOR," by GODDARD." "*The Dissector, or Practical and Surgical Anatomy*, by ERASMUS WILSON, with one hundred and fifteen illustrations. Edited by PAUL B. GODDARD, M. D. A new and improved edition. Philadelphia. Blanchard & Lea. 1851."

The numerous editions through which this book has passed in England, and the high value set upon it by the demonstrators and anatomists, both here and there, speak highly in its favor. The new (second American) edition now before us has been carefully arranged and modified in such a manner that the student, by following the order of parts as they are laid down, will obtain the utmost advantage which can be derived from a single subject. The number of cuts has been increased in this edition, and they are about as good as those we find in any dissector's guide; but we find the usual fault, that they are in some cases slurred, and frequently the numbers are so indistinct that they are illegible.

"FENNER'S SOUTHERN MEDICAL REPORTS."—"Southern Medical Reports, consisting of general and special reports on the medical topography, meteorology, and prevalent diseases in the following states: Louisiana, Alabama, Georgia, Mississippi, North Carolina, South Carolina, Florida, Arkansas, Tennessee and Texas. To be published annually. Edited by E. D. FENNER, M. D., of New Orleans. Vol. I. 1849. New Orleans. B. M. Norman. New York. S. S. & Wm. Wood. 8vo. Pp. 472, muslin.

The volume of this work already before the public fully sustains the high expectations raised by its prospectus. The character and value of the matter do great credit to the reporters and to the propri-

etor of the book. It is entirely what it professes to be, and the highest commendations have been bestowed upon it by the press and the profession. The American medical association, both last year and this, adopted resolutions laudatory of the project, and recommended it to the active support of the profession. We hope that the enterprising and gifted editor will meet with that liberal patronage which the value of these reports ought to command, and which will enable him to make it still more useful and creditable to American physicians. "It is a standard library book for every Southern practitioner" at least, and we look forward with much pleasure to the receipt of the forthcoming Volume II.

History of a Case of great Distortion of the Pelvis, in which Delivery was safely accomplished by the operation of Craniotomy. By ROBERT LEE, M. D., F. R. S.

On Friday, the 21st inst., at eleven, P. M., Mr. Dunn, of Norfolk street, Strand, requested me to see a patient with him who had been forty-eight hours in labor, and whose pelvis was distorted in a high degree. The os uteri was imperfectly dilated, and no part of the head had entered the brim of the pelvis. Mr. Dunn thought, and I agreed with him, that the distance from the base of the sacrum to the symphysis pubis could not exceed an inch and a half—in fact, that it was nearly as distorted as the monster pelvis lately exhibited at the Medical and Chirurgical society. It was believed that the patient was at the full period of pregnancy; and in proceeding to deliver with the perforator and crotchet, I expected to encounter very great difficulty. The head was readily opened, and the brain evacuated; and on fixing the perforator on the inside of one of the parietal bones, and extracting, not very forcibly for a few minutes, the bone was detached from the other bones and came away. The remaining cranial bones were speedily crushed with the crotchet, the point of which was then carried outside the head, and fixed in one of the orbits. With this hold, in less than half an hour the head was extracted, with the employment of very moderate force.

The facility with which the delivery was accomplished in this case of great distortion, arose from the circumstance that the labor was premature, contrary to our expectation: the foetus, instead of having reached the full period, had only reached the end of the seventh month. Premature labor, in this case, rendered the operation of craniotomy safe and easy.

This patient had before been twice pregnant; the first time the child died prematurely, and was expelled by the natural efforts, as in the famous Cupar case. In her second pregnancy, the labor was difficult and protracted; but in what manner the dead child was extracted we could not certainly ascertain.

The history of the preceding case illustrates in a striking manner,

the truth of my statements recently made to the medical and surgical society respecting the Cæsarian operation, and the importance of the early induction of premature labor in cases of high distortion of the pelvis.—*London Lancet*.

Report of a Singular Case of Apoplexy. By EZRA HARLE, Surgeon, Islington.

On Wednesday night, January 15th, I was called to a poor "woman in a fit." A few minutes after she had fallen in the street, I was on the spot, and found her dead. At the post-mortem examination we found the following, as I apprehend, unusual appearances conjoined. The brain was surrounded with blood, the ventricles filled, and a quantity at the base—in all about four ounces. This was sufficient to account for the death; but on examining the chest, we found the left lung unusually smaller than the right, marked with long-standing disease, and gorged with blood, sufficient of itself to account for death, as in ordinary pulmonary apoplexy. The other viscera were healthy.

The woman being of so spare habit, and about sixty-five years of age, causes the case to appear more unusual; so much so, that one can agree with the words of the deputy coroner, that "we should hardly suppose she had so much blood in her whole body." Thus proving that persons of very spare habit may be subject to *sanguineous* apoplexy.

In justice to the case, it must be said, that shortly before her death she had taken a "glass of gin," on returning from her "ironing work" in her usual health.—*Ibid*.

Case of Small-pox occurring a third time after Vaccination, when it proved fatal.—After alluding to the fact that whooping-cough, measles and scarlatina generally occur only once during the lifetime of an individual, exceptions, nevertheless, to the above rule, as well in these complaints as in smallpox, have been recorded by authors. Three well-marked examples of the recurrence of smallpox, met with in the same family, are related, one of which terminated fatally. The case especially referred to by Dr. Webster was that of H. N. N——, who had been vaccinated satisfactorily in 1827, when three months old. Notwithstanding this circumstance, he became attacked by smallpox in 1833, along with an elder brother, who had been likewise vaccinated. Both patients recovered, and nothing more was thought of the matter till 1838, when the two lads were again attacked by variola, along with another—that is, a third—brother, likewise regularly vaccinated. However, all three got quite well in due time. Subsequently, Mr. H. N. N——, whose case is now just mentioned, went to India in the company's service, where he was seized, in April last, with the usual and well-marked symptoms of smallpox, which soon became confluent, and proved fatal at Dharwarinth, on the 13th of that month; this making the third time this gentleman had been attacked by variola, although previously vaccinated.—*Ib*.

Transfusion in Uterine Hæmorrhage was interdicted in France two years after it was first introduced by Dennis and Emerets, and attempts by a provincial judge were made quite recently to interfere with its performance, in virtue of the prohibition of 1668. Transfusion has, nevertheless, been recently performed by M. Nélaton at the Hôpital St. Louis, Paris with success, though the patient died seven days afterwards of metro-peritonitis. The case was one of placenta prævia, the os being too rigid to admit the hand, hæmorrhage went on more or less for seven hours, when M. Nélaton being sent for, he succeeded in turning and delivering, whilst the aorta was being compressed. The vein of a strong and robust young house-surgeon was then opened, and about eight ounces of blood transfused: the patient was at once freed from the choking sensation she had previously experienced, and perfectly recovered up to the seventh day.—*Ib.*

On the Action of the Golden Sulphuret of Antimony.

BY DR. BOECKER.

The investigations contained in this essay of Dr. Boecker have been conducted with the greatest care, the author having experimented on himself with the medicine, and having carefully examined the principal excretions before, during, and after its use. The examination of the urine especially furnished some interesting results. During the use of the golden sulphuret, the bowels acted regularly once a day; but when the author omitted to take the medicine, he remained several days without a motion. Whenever the alvine evacuations were increased, the quantity of urine was diminished, particularly in its solid contents, as appears from numerous analyses which are recorded. An interesting circumstance is, that the quantity of urine and of solid excreted matters increased with the dose of the medicine, and *vice versa*. It is also worthy of observation, that the fixed salts in general, as well as the salts insoluble in water, were increased by its exhibition. On the whole, it would appear from the experiments, that during its use a more rapid renovation takes place in all the organs and all the tissues. Another circumstance to be observed is, the increase in the quantity of sulphuric acid in the urine, which was nearly double the ordinary amount, doubtless in consequence of the sulphur in the preparation being converted into the acid, which subsequently enters into the sulphates. The author also details the results obtained from the examination of the pulmonary exhalation. During the use of the golden sulphuret, the amount of carbonic acid was increased, while it gradually diminished on discontinuing the medicine. The quantity of watery vapor, on the contrary, underwent no change. As to its action on the blood, the author found that it diminishes the amount of the solid constituents of that fluid. Blood drawn from a vein was at first black, but gradually became red when exposed to the air, and this change took place more rapidly than when the sulphuret was not exhibited. The microscopic examination of the blood shewed that the nucleated globules visible in normal blood disappear.

To recapitulate—golden sulphuret of antimony increases the secretion of urine and the exhalation of carbonic acid; it stimulates the

intestinal and cutaneous excretions as well as the secretions of the mucous membrane; and it thus hastens the metamorphosis of the system, an effect which is even to be detected in the blood itself.—*Archiv. für Physiologische Heilkunde*.—*The Chemist*.

“*Jewish Rite*.—The spectacle of circumcision, performed by the gentleman who usually officiates in this city among the Israelites, was recently presented to the students of the New York Medical College in lieu of the usual clinique.”

Alleged Uncertainty in Medicine.—Dr. Thompson, president of the New York State medical society, in an address at the last annual meeting of the society, thus compares the medical with the other professions in regard to certainty in its results :

“When compared with the other professions, its character is vindicated, and it rises in our estimation, for it may be questioned whether the results of its practice are any more doubtful than those of the law, which also has been stigmatized for its ‘glorious uncertainties.’ In a subject like theology, which treats of man’s eternal destiny, concurrence of opinion might be expected. Its doctrines, however, find no more agreement among theologians and polemical writers than do the accredited principles of medical science among well-informed and cultivated medical men. In the science of politics, in the laws which regulate the commerce and mutual intercourse of nations, in the systems and processes of agriculture, in the arrangement of society, and its government by laws whose principles and modes of action shall prove most successful in directing its interests and regulating its business affairs, men differ widely in their judgments and the greatest dissimilarity of opinions prevails. Why, then, amid this discrepancy of judgments and difference of opinions, should medicine be held up above all, conspicuous for its uncertainties, or for its lack of settled principles?”—*Boston Medical and Surgical Journal*.

Obituary Record.

Prof. JOHN B. BECK departed this life, in the city of New York, on the 9th day of April. He was 57 years of age, and had long enjoyed an enviable position in the medical profession. We learn from the New York Journal of Medicine, that Prof. Beck occupied a professional chair in the college of Physicians and Surgeons for almost 25 years. Of the distinguished ability with which he filled it, the medical profession of the Union are well advised. The profession of the city of New York especially will feel the loss of Prof. Beck, but his death is a calamity to the country.—*Western Jour. of Med. and Surg.*

Dr. Beck was the author of a valuable work on medical jurisprudence, and a man of much scientific acquirement.

DEATH OF DR. MORTON.—It is with the deepest regret and pain we find ourselves called upon this morning to record the death of an eminent citizen, one of the brightest ornaments of Philadelphia and of

the country, Dr. SAM'L GEORGE MORTON, who expired yesterday at his residence in Arch street, after a brief but violent illness of only three days. No man in the United States, in fact, not the bravest soldier or the most illustrious statesman, was better known or enjoyed a wider or more enviable reputation abroad. It is only at the hour of his death, that many, who knew Dr. Morton well, will be conscious that a great man has been taken away, and a light quenched which has long shed a common lustre upon the country and the world.

[*Philadelphia North American*, 16th May.

Dr. Morton had a wide reputation as a man of science. On the branches of comparative anatomy and physiology he, probably, had no equal in this country, and he leaves behind him many monuments of his genius and labor.

DIED at Airfield, in the county of Henrico, on Tuesday, May 13th, 1851, of congestion of the liver, RICHARD B. GOOCH, Esq., who was long and favorably known to the public as the editor of the Southern Planter, was a man of fine education, of handsome talents, and of a very amiable disposition. He obtained a considerable reputation by a series of letters written during a sojourn of several years in Europe, and originally published in the Richmond Enquirer. He was one of the best reporters, on the old plan of giving the spirit and substance of a speaker's remarks, (an accomplishment requiring much higher mental attributes than the present system,) we have ever known. His death is much regretted by the fraternity, and by the community in which he was born and resided from his birth. He was buried on Wednesday with military honors by the artillery company, of which he had been an officer, and was an honorary member.

[*Richmond Dispatch*.

Publications Received.

SKEY's *Operative Surgery*.

COOPER on *Dislocations and Fractures*, and WILSON's *Dissector*, by GODDARD, from the publishers BLANCHARD & LEA, through MORRIS & BROTHER.

BURKE on the *Mineral Springs of Virginia*, from the author.

Pharmacopœia of the United States, from the publishers, LIPPINCOTT, GRAMBO & Co., through NASH & WOODHOUSE.

HOOKE on *Medical Delusions*, from the author.

FENNER's *Southern Reports*, from the editor.

In addition to our regular EXCHANGES, we have received the following :

The Dublin Quarterly Journal of Medical Science, No. XXI., February 1851; from NASH & WOODHOUSE; and No. XXII., for May 1851, in exchange.

British and Foreign Medico-Chirurgical Review, No. XIV., April 1851; from the Messrs. WOOD, New York. Price \$3 per annum.

Quarterly Summary of the College of Physicians of Philadelphia, Nos. I. and II. Price \$1 per annum; from MESSRS. LIPPINCOTT, GRAMBO & Co., a cheap and valuable publication. We have not space to notice it more at length at present.

A very interesting paper on "*Rupture of the Urinary Bladder, with a table of 78 cases*," by STEPHEN SMITH, Surgeon to *Bellevue Hospital*, N. Y., from the author. Re-printed from the N. Y. Journal of Medicine.

Report of nine cases of Vesico-vaginal Fistula, treated by operation, with remarks on the mode of operation, &c. By GEORGE HAYWARD, M. D., re-printed from the Boston Medical and Surgical Journal, from the author. And from the same gentleman, "*The statistics of the amputations of the large joints performed at the Massachusetts General Hospital, from its establishment to January 1, 1850.*" General thanks are due to the compilers of these useful tables.

We welcome to our list a new and very promising bi-monthly, *The Nashville Journal of Medicine and Surgery*, edited by Professor W. K. BOWLING, of the University of Nashville. Terms \$2 per annum, in advance. This journal contains 64 pages, and is well executed. We observe that the editor says in his second number, that he "has still room on the subscription list for a few more names." He has grown rapidly. We have room enough on our list for a great many more names—(and by the bye we can furnish the back numbers.)—Success to the work.

The New Orleans Medical and Surgical Journal for May has come. We observe that the publisher of this journal has become involved, and that its spirited editor is now the proprietor. We hope that Dr. HESTER will be much more successful in the management of his business affairs, and, judging from his editorial capacity, we doubt not that he will.

The Southern Planter for May. P. D. BERNARD. \$1 per annum.

Innumerable catalogues and medical college circulars and announcements (or rather advertisements) have been received.

Where is the *Transylvania Journal of Medicine*, that we never have received it?

The last No. of *Dr. Puple's New York Journal* has not yet come to hand.

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
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## VIRGINIA MEDICAL GAZETTE.

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[Vol. I.

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### An Essay on Auscultation and Percussion.

BY P. H. CABELL, M. D.

[Published by request of the Faculty of the Medical Department of Hampden  
Sydney College.]

Auscultation and percussion are physical means of diagnosis, which were unapplied to medicine till comparatively modern times; but to such a degree of accuracy have they now been carried, that we are not more certain of the existence of stone in the bladder, as revealed by the sound, nor of diseased bone by the probe, nor of fracture by crepitation, than of certain internal diseases which we can neither see nor touch, by the application of these most wonderful discoveries. Wonderful, not because of their recent discovery, but because they remained so long undiscovered, by the many acute observers and profound reasoners who, in every age, have shed lustre on the profession. Strange, indeed, it is that this one of our five senses should have been so long overlooked in the discrimination of diseases. The ancients, even in the days of Hippocrates, were familiar with a species of auscultation, but they applied it only to the detection of large cavities in the lung containing water, and pneumothorax with effusion. The ear was placed in contact with the parietes of the chest, and the patient at the same time strongly and suddenly shaken; this caused a splashing sound to be heard, and was called succussion: but here, on the very threshold of this valuable discovery, they paused, and no further improvements were made till the time of Laënnec. Before its introduction by him, those internal organs, surrounded by bony walls and dense fascia, were "terra incognita" to physicians, who could only extend their observations a little way into their territories, and gain a scanty amount of knowledge by examining their outlets.

Since the time of Avenbrugger, the discoverer of percussion, and Laënnec, of auscultation, a complete revolution has been effected in the diagnosis of diseases of the chest; and the healthy and morbid sounds heard in the different regions have been described with so much accuracy that little is left for future observers in this department

of medicine. All persons cannot be good auscultators and percussors, as all cannot discriminate accurately between slight differences in sound; but all should persevere, for the perception for nice shades of sound can be improved in the same manner as the reasoning faculties, by practice and application. There is scarcely a disease of the body which may not have some light thrown upon its nature or origin by this means of examination; and the negative evidence is of almost as much value as the positive; for we may thus discriminate between structural and functional diseases with a degree of accuracy unattainable by any other method; for the general symptoms of functional sometimes so nearly assimilate those of organic diseases, that we are involved in the greatest doubt, and frequently by thus prescribing in the dark do irreparable injury to the patient confided to our care. In latent diseases also it is the only means we can possibly command for forming a correct diagnosis, as we have no general symptoms to guide us, and have to rely exclusively upon our ear.

The error into which Laënnec fell was, in depending too exclusively on the physical signs and overlooking the general symptoms. It seems to me, this way of trusting to any one means of diagnosis is wrong; the more light we have the better, and even with all we can procure, physical and general, we are often baffled in making out a correct diagnosis. One should be used to correct or confirm the other, and one should never be relied on when we can get both. If they coincide we are strengthened in our opinion as to the nature of the disease, but if they disagree we must re-consider our diagnosis and pronounce on the strongest side. Each organ and each part of the body has its own peculiar sound when stricken, and when this sound is altered, either in character or intensity, we have disease and a change in consistency or density of those organs situated beneath. Elastic, tense bodies, as the walls of the thorax, which are placed over the lungs, prolong the vibrations, and give a clear, resonant sound when stricken; but those which are inelastic and contain fat and cellular tissue, cut short the vibrations and give a dull or flat sound. Some persons seem so loosely put together, that a morbid sound is produced on percussion, while the tissues beneath are perfectly healthy, or there may be so much muscle, fat or areolar tissue superimposed as completely to obscure the healthy sounds. In these persons it is absolutely necessary to employ a pleximeter, which, by firmly compressing the tissues, renders them more dense and better conductors of sound. We may thus percuss over the *mammæ* of females, and the thick muscles in front and behind. The variations in sound, healthy and morbid, over the different regions will be alluded to when the special diseases revealed by percussion are mentioned.

Auscultation is of the last importance in the physical examination of diseased organs. By it we learn the sounds produced by these organs in health and disease, from their motions, frictions, dilatations, and contractions; having once learned the healthy sounds, we have a standard by which to measure any changes which may take place in their motions or alterations in their structure. Auscultation and percussion should never be separated from each other, but should go

hand in hand to the investigation of disease, one acting as a check on the other, and preventing the mistakes to which we are constantly liable when only one is relied on. Indeed, percussion is only a variety of auscultation; for we listen to the sounds we ourselves produce by striking on the chest, and the sounds are transmitted to our ear through the medium of the air instead of the stethoscope. The patient to be percussed should, if strong enough, be made to sit up in bed, or placed upon a chair in the middle of the room. If practicable we should have the part naked, or very thinly covered, and made as tense as possible; this can be effected by position. During the examination the most absolute silence must be maintained in the room, and all sounds excluded which may embarrass the physician or disturb the train of his thoughts. Avenbrugger made use of direct percussion, and struck the part to be examined with the ends of his fingers, nothing being interposed. This method had many objections, the sound being very diffused, and caused by the vibration of the greater part of the chest, and was incapable of detecting even serious alterations in limited spots, and caused considerable pain to a weak or diseased patient. All these objections were obviated by the introduction of the pleximeter by Piorry, which limits the sound to the immediate neighborhood of the part stricken, gives no pain, and can be applied with as much advantage over the soft parts, as the abdomen, fat and muscle, as over bone. It has been constructed of wood, ivory and caoutchouc; the last decidedly the best of the insensible pleximeters. But the finger of the left hand is now universally employed, and has many advantages over the others; it is convex, and can be applied between the ribs, and under and over the clavicle, where it would be very difficult to place, so as to exclude the air, an ordinary pleximeter. It is composed of both flesh and bone, and therefore vibrates in unison with the thoracic walls, and does not alter the character of the sound; and lastly, it is endowed with sensibility, and adds the tactile to the other perceptions, and can never be misled.

In applying the pleximeter uniform pressure should be used over every part of the chest, and corresponding spots examined on each side successively; it is wrong to examine one side before going to the other, as we thus lose in a great measure the power of comparison; and the disease is not so much detected by the positive as the relative sound, for the degree of resonance is very different in different persons, and what is normal in one is morbid in another. Neither should we percuss on one side while the patient inspires, and on the other during expiration; for the degree of sonorousness depends in a great degree on the quantity of air in the lung. In eliciting the sound, the fingers of the right hand must be bent almost at a right angle, and their tips brought on the same level; then by a quick motion of the hand the blow is given, the arm and forearm remaining rigid, and the only motion taking place at the wrist joint; the points of the fingers should remain only an instant on the pleximeter, and the weight of the hand alone should be employed; if more force is used the sound of resonance is interfered with, and percussion loses a great deal of its value in the discrimination of diseases.

Auscultation was discovered by Laënnec in 1816, from which time he commenced a series of experiments, every trial strengthening him in his opinion as to its value in diagnosis. Post mortems were made, and the appearances found after death compared with the sounds heard before, till it has been brought almost to an exact science, and a disease can now be discriminated by an expert auscultator with a facility and precision truly astonishing to the uninitiated. Auscultation has thus been placed on a foundation from which it can never be shaken, however many and manifold changes may sweep over the medical world, and Laënnec's fame will remain as immovable as the science he nurtured into existence. The method employed by this great man was mediate auscultation, which has still some manifest advantages over the other method. The use of the stethoscope, however, is not so easily acquired, and this may in some measure account for the general preference for the ear. The advantages of the stethoscope are, it limits the sounds heard to those parts which lie under the instrument, which it is impossible to do in immediate auscultation, for the bones of the head (and the temporal especially, from its great density) are good conductors of sound, and convey impressions received from the surrounding parts to the ear with great distinctness, and of course confuse the auscultator. In using the stethoscope it can be applied where the ear cannot, as over the clavicle, between the ribs, &c. It is now always employed in diagnosing valvular diseases of the heart, for we thus avoid the impulse, and hear more distinctly the pathological murmurs; but the instrument here used is not the ordinary stethoscope, but the flexible one of Dr. Penneck. It can be also used without offending the modesty of females, "to whose bosoms it is not always seemly to be putting our faces."

In using the ear we are enabled to make a very rapid examination, and while we hear many sounds, a practised ear can attend only to the most important, and neglect the others. The same rules apply in auscultation as in percussion, in regard to the parts to be examined and the order of their examination, viz: that similar spots should be examined on each side successively, recollecting that the comparative sounds are almost of as much value as the positive. The organs which may be examined, and the sounds heard during health and disease, will be mentioned fully hereafter.

There has lately been invented by Drs. Cammann and Clarke, a means of diagnosis called Auscultatory Percussion. In this method, a solid stethoscope is used to convey to the ear the sounds produced by percussing in its vicinity; the sounds heard are not merely clear or dull, as in ordinary percussion, but each organ has a sound peculiar to itself. Its authors claim for it the power of locating with accuracy the various organs, even when overlaid by others; but it can never be extensively employed, as it requires the co-operation of two persons, one to produce and the other to listen to the sound. It may probably be used to detect the presence of fracture in a superficial bone; and from the thin and firm investment of the cranium, I have little doubt it might be made a most valuable means of diagnosis in fractures of this important part. If the ear is placed on the stetho-

scope and the cranium percussed, the vibrations will be conveyed along the bone, from particle to particle, till they reach the ear, through the intervention of the instrument. But suppose a fracture occurs between the stethoscope and the part stricken, the vibrations on reaching the fracture will be suddenly arrested, and the sound will reach our ear changed in character; and thus we may be enabled to detect this accident, usually so difficult of detection. In mentioning the various disorders and alterations of structure revealed by these physical signs, I think it best to arrange them all under three heads—first, the diseases and accompanying signs of the respiratory organs; second, of the circulatory; and third and last, of the abdominal. Of the first class I shall commence with the larynx, which is the most superior of the respiratory organs, and seems to act as sentinel to the lungs, and prevents the ingress of hurtful substances by suddenly closing its door against them. It is placed at the commencement of the trachea, and is the origin of vocal sounds: it is partly closed above by the vocal cords, which are stretched across from front to back, leaving a narrow slit between, which is overhung by the epiglottis cartilage, and through which all the air in its entrance in or exit from the lungs must necessarily pass. The larynx is lined with mucous membrane, which is continuous with that of the mouth and bronchial tubes. When unaffected by disease, a hollow, cavernous sound is heard on auscultation, and the vocal resonance loud and very distinct; but these sounds are variously altered by disease. In acute or chronic laryngitis the mucous membrane is much thickened, either by congestion or inflammation, or effusion of serum in the sub-mucous areolar tissue. When this occurs a harsh, rasping sound is heard, and when there is much thickening of the membrane it may become whistling. The sound is produced by the air passing rapidly through this narrowed opening—a similar sound is also heard in stridulous laryngitis; but here, instead of inflammation and effusion, we have spasmodic action of the little muscles which close the glottis; it is essentially a nervous disease, caused by irritation of the peripheral extremities of the nerves which cause the closure by reflex action. There is not much difficulty in discriminating between the two diseases, as in acute laryngitis we have the character of the sound, changing from soft to harsh, and then remaining stationary till the decline of the disease; while in stridulous laryngitis the whistling sound suddenly appears and as suddenly disappears, and is almost invariably confined to children, while the acute attacks adults. Laryngeal ulcerations, with thickened edges and warty growths, produce a snoring or sonorous sound. It is also said laryngitis, with exudation of false membranes which have become partially detached and are floating loosely in the larynx, gives rise to a tremulous, flapping sound; but as the diagnosis of this disease can be made out by the other signs, and auscultation is very difficult to practise on the neck of a restless child, I imagine it will not be much employed in the detection of this disease.

Another and the last sign I shall mention indicative of laryngeal disease, is diminution or absence of the vesicular murmur. This state of things may be caused by any narrowing of the glottis; and conse-

quently a diminution of the quantity of air received into the lungs. These are all the diseases of the larynx with which I am acquainted, whose presence can be detected by auscultation. But this organ is liable to accident, and sometimes receives into its cavity foreign bodies, as beans, coins, &c. These of course cause great irritation and difficulty of breathing; they are sometimes fixed, but are most generally moveable, acting as valves in allowing the ready entrance of air, but preventing its return. The ear applied over the larynx in an accident of this kind, can readily detect a clacking, valvular sound, and we not only find out the presence of the body, but the exact spot for the performance of the operation for its removal, which alone can prevent the patient from dying of apnoœa.

Before speaking of the special diseases of the lungs, it will be proper to mention the healthy thoracic sounds as heard on auscultation and percussion. The lungs occupy nearly all the space within the cavity of the chest, and are evenly applied on all sides to the ribs and intercostal spaces; they are exceedingly light and spongy, being composed of bronchial tubes and air vessels, and are eminently calculated to give a clear, resonant sound; this, when heard through the thoracic walls, loses some of its clearness, and when heard through muscle and fat, becomes decidedly dull. Now all of the anterior and lateral parts should yield this clear, resonant sound, it being more intense over the sternal ends of the clavicles; but over the dorsal and scapular regions, which have a thick investment of fat, muscle and areolar tissue, it loses its resonance and becomes somewhat dull, and inferiorly on the right side, over the region of the liver, decidedly so. The heart causes some slight dulness on the left side, beginning about the cartilage of the fourth rib, and extending inferiorly as far as the sixth; below this the sound is frequently tympanitic, owing to the encroachment of the stomach. The heart, although a dense muscular organ, does not cause much dulness, being overlaid almost entirely by the vesicular structure of the lung. The sounds heard on auscultation are these: at the junction of the clavicles with the sternum and directly over the large bronchial tubes, a blowing sound, called *bronchial respiration*, is heard; and posteriorly between the scapulæ the same sound, but not so loud and distinct; frequently near the apex of the lung on the right side a like sound is produced, caused by the greater size and shortness of the right bronchus. Over no other parts but those indicated, do we in a state of health have bronchial breathing, but instead, a soft murmuring sound, (termed *vesicular murmur*,) like the sighing of a gentle wind among the leaves of a forest. This sound is more or less marked in different persons, being more distinct in children and thin, nervous people. Some persons, with perfectly healthy lungs, give scarcely any vesicular murmur. Dr. Watson thinks they have more lung than necessary, "room enough and to spare," and consequently do not fully dilate their lungs, which dilatation, by causing the air to rush in and fill the vesicles, produces the sound.

Bronchitis is the next disease in order, the anatomical lesion of which is thickening and congestion of the bronchial mucous mem-

brane, with subsequent effusion within and around them. Each of these changes gives rise to an abnormal sound. At first the membrane is thickened and lined with a tenacious mucus, instead of the normal secretion; and the same quantity of air passing through these roughened and narrowed tubes on its way to the vesicles, gives rise to a sound called in the large tubes *sonorous*, and in the small *sibilant* or *whistling rhonchus*. These sounds are heard in the median line most distinctly, and diminish in intensity on either side. This state of things does not last long before effusion results, and then the dry sounds give place to the moist, caused by the passage of air through the contained liquid, and heard both during expiration and inspiration, and are called *mucous* and *sub-mucous râles*. They may also be heard at the same time with the dry sounds, the tubes being in some parts tumefied and congested, and in others filled with liquid effusions. There are no abnormal sounds elicited on percussion, as the lungs are as permeable to air as ever. There is another sound heard on auscultation, which, though of unfrequent occurrence in bronchitis, is a constant sequela of tubercular deposit, and should be mentioned in this place. I allude to dilatation of one or more of the bronchia, induced by violent coughing while the tubes are weakened by disease. The sound heard in such a cavity is called cavernous respiration, and when the patient speaks, the peculiar vocal resonance is termed *pectoriloquy*; and there is sometimes increased resonance on percussion. I have heard all of these sounds in a well-marked case of bronchitis, and where there were no signs, physical nor rational, indicative of phthisis. Emphysema is a dilatation of the air vesicles, which by decadence of their sides open into each other and form sacs, which may vary from the size of a pea to that of a pigeon's egg. These vesicles lose their elasticity, and become thickened; the air does not freely pass in and dilate them, and in this way the vesicular murmur is abolished. But another sound is sometimes heard, caused by the rubbing of these dilated vesicles against the costal pleura, and is called the *friction sound*. It can never be confounded with the *friction sound* of pleuritis, as in the latter there is more dulness on percussion, while in the former the sound is preternaturally clear. Pleuritis, an inflammation of the pleura, gives rise to the following sounds: If the pain is very acute the vesicular murmur will be very feeble, or entirely abolished; but on the unaffected side we will have puerile respiration. The first effect of the inflammation is to dry the membrane, and the pleura being thus deprived of its natural lubricating fluid, instead of performing its functions smoothly and noiselessly, cause a dry, rubbing sound to be heard; this dry state soon gives way to that of increased secretion and effusion, which soon abolishes the friction sound, by separating from contact the two sides of the pleura. Now for the first time percussion is available, which brings out a dull, and at the lower and posterior part of the chest where the fluid gravitates, a flat sound. The liquid continuing to increase, presses on and abolishes the air vesicles, and bronchial respiration is heard and is accompanied by that variety of vocal resonance termed *bronchophony*. In some rare cases, instead of bronchophony, we have a pecu-

liar vibrating resonance of voice called *atrophy*. It is supposed, in order to produce this sound, the serum must be in a thin stratum over the lung, moderately compressing it. If the effusion goes on increasing, all these sounds are abolished, the lung being pressed *airless* back against the spine; perfect flatness on percussion is now the only sound heard on the diseased side; but after the fluid has been absorbed, and the pleura roughened by lymph, allowed to come together, the friction sound is once more heard, but is softer in its character, the lymph having been macerated in the contained serum for so long a time. Pneumonia is not only a very frequent disease, but is quite an alarming and fatal one, when not recognised in its very commencement and treated energetically; and there are no means other than the physical to impart to us this valuable knowledge. In the very beginning of pneumonia the lung is congested, and there is effused into the vesicles and intervesicular spaces a bloody serum, which by its presence causes great dyspnoea, preventing the entrance of the air and the oxygenation of the blood. This serum is not only in the vesicles, but also in the minute bronchial tubes; and being more viscid than the ordinary secretion, causes the sides of these tubes or vesicles to stick together, which being suddenly separated by the entrance of the air in inspiration, gives rise to that peculiar crackling sound called *crepitant rhonchus*, which is pathognomonic of pneumonia; during this state of engorgement nothing can be learned by percussion, as the lungs are still permeable to air, and will float on water. If the disease is unsubdued, it progresses to the second stage; coagulable lymph is thrown out, completely filling up the vesicles and minute bronchial tubes, and abolishing the crepitant rhonchus, in consequence of the fact that the air is unable to pass further the bronchial tubes. Now a new set of sounds are heard in the diseased lung; whatever increases its density, augments its conducting power, and the sound caused by the passage of air through the bronchial tubes, and which in health is marked by the vesicular murmur, is conveyed with surprising distinctness to the ear of the auscultator. This sound is called *bronchial respiration*, and is heard most distinctly at the posterior and inferior part of the chest. Coinciding with this sound we have *bronchial* resonance of voice—in other words, it seems as if the patient were speaking through a tube into our ear. This condition of the lung is called *ramollissement rouge*, or red hepatization, and yields on percussion a very dull sound, its elasticity being entirely destroyed. If the disease still advances, and the lymph, instead of being absorbed, degenerates into pus, we still have the same sounds as in the second stage, with the addition of *mucous* rhonchi. In some rare cases it goes a stage further; cavities are formed, the disintegrated portions along with the pus being expectorated, and the air passing into these cavities, gives rise to a hollow, blowing sound called *cavernous* respiration, and on causing the patient to speak, to *pectoriloquy*. During these three stages, the sound on percussion is dull over the diseased parts; on the opposite side of the chest respiration is performed with rapidity and noise; one lung having to do the work of both, and seeming to complain under the double task im-

posed. This kind of respiration is called puerile, being constantly heard in children, even in health.

Auscultation and percussion have been of incalculable value in enabling us to detect tubercular phthisis in its earliest stages; for it is only in its very incipency, so to speak, that remedial agents are at all available in the arrest or cure of this dread disease. Prior to the discovery of the physical means of diagnosis, we were ignorant of its presence till hectic supervened, "and stained the cheek of that unnatural red which autumn paints upon the perished leaf." Before alluding to the signs by which its presence may now be detected, and its progress followed towards recovery or death, it will be proper to speak somewhat at length as to the nature of tubercular disease, and the reason for its frequent appearance in the lungs. Tubercular matter seems to be owing to a perversion of nutrition and assimilation. In a healthy organization the blood must be healthy, for "the blood is the fluid body, and the body the fixed and rigid blood." Healthy blood contains of water 780 parts, of globules 141, of albumen 70, of fibrine 3, of extractive matter 6; this is the analysis of the blood of a male. Now that of females contains the same amount of fibrine, but is remarkably deficient in red globules; and this may possibly account in part for the greater frequency of this disease in the latter: for in phthisis the blood is much altered, containing fewer corpuscles but more fibrine than in health; and this fibrine is not only increased in quantity but changed in quality; it loses its healthy plasticity, and is prone to degenerate into unorganized masses. Fibrine being the material of which the tissues are composed, is constantly being deposited and removed by the capillaries and absorbents. When first effused it is soft, and composed of fibrils and exudation corpuscles, which soon acquire a cell wall and nucleus, and afterwards undergo further vital changes, and assimilates itself to those structures it is designed to nourish. But the tubercular plasma is either cacoplastic, or entirely unorganizable, and when effused from the capillaries, the exudation corpuscles increase in size by endosmosis, till they are too large to be absorbed and eliminated in the usual way. The tissue in which this aplastic substance is effused need not necessarily be inflamed, but its deposit is more rapid during the existence of irritation or inflammation, and for at least two reasons—first, more blood is carried to the part than during health, and wherever there is increased flow, there is increased deposit; second, the quantity of fibrine in the blood is much increased by a local inflammation, the inflamed spot seeming to be the laboratory where it is manufactured in the largest quantities. Now if the blood is healthy, this fibrine will become organized and constitute false membranes, granulations, &c; but in the strumous diathesis every effusion and deposit in the body may become aplastic, and is then subject to chemical and not vital laws, acting as irritants and causes for still further deposit. Phthisis is then a blood disease, complicated with local lesions, and it is only by restoring the normal constituents and proportions of the different elements entering into the blood, that we can hope to arrest the disease; and it is of the last importance that we recognise it in its very commencement, before the

blood has been irretrievably ruined. The first auscultatory sounds heard indicative of phthisis, are  *rude respiration* and *prolonged expiration*. This rudeness is not removed by full inspiration nor coughing, which would be the case if it depended on inspissated mucus, and seems to be caused by the deposit of tubercular matter on and within the bronchial tubes and air vesicles; and in the place of the smooth, polished surfaces we have in health, there is roughness and thickening; the air in passing over these roughened surfaces meets with resistance, and in proportion to the resistance, is the rudeness of the respiration. When the tubercle is deposited in sufficient quantities to fill up the vesicles, *bronchial respiration* and *bronchial resonance of voice* are heard; and coincident with this sound there may be mucous and sub-mucous râles, caused by irritation, and generally commencing at the summit of the lungs, and gradually extending downwards. Slight bronchial respiration at the apex of the lung on the right side is not an abnormal sound, but when heard on the left should be regarded with suspicion. Percussion under and upon the clavicle may detect the presence of even a small quantity of tuberculous matter; for the summit of the lung is in immediate contact with that bone, and very slight dulness can be recognised. In those parts of the lung free from tubercle, the respiration is hurried and puerile, the air passing with great rapidity through the bronchial tubes. These first sounds are very difficult to recognise, but they should in suspicious cases always be sought after with care; for the disease if not now arrested, will in all human probability proceed unchecked to a fatal termination. The lungs, of all the organs of the body, are most liable to tubercular deposit, and when tubercle is found elsewhere we may with certainty predict its presence here; for this preference several reasons have been offered, some supposing its exceeding vascularity, and others its eliminating character to be the cause. Dr. Williams supposes the frequent deposit at the summit to be owing to the great quantity of lax areolar tissue found there, and between the meshes of which the tubercle is easily infiltrated. There is dulness on percussion generally over the clavicle, caused by the consolidation of the lung underneath; and although this dulness may be slight if heard on only one side, it should be regarded with suspicion. If the tubercular matter increases in quantity, we soon have other signs to guide us with certainty to our diagnosis; for after a longer or shorter time this foreign substance must soften and be expelled, not by any power inherent in the mass itself, for it is not endowed with vitality, but by softening of the surrounding structures, and the bands of areolar tissue which permeate it in all directions, and between the meshes of which it is deposited; being thus softened and macerated, it finally makes its way into one of the bronchial tubes and is expelled. While undergoing the softening process a *crackling* sound is heard on auscultation, which, after evacuation of the matter, gives place to cavernous respiration and cavernous resonance of voice, (*pectoriloquy*,) while in the surrounding portions we have harsh and *bronchial* respiration, owing to the consolidation and increased conducting power of the lung, and over those parts not involved in the disease, *puerile res-*

*piration.* Over the cavity the sound on percussion is more resonant than in health, and if it is large and near the surface, almost tympanic or *amphoric*. The *amphoric* is only a modification of cavernous respiration, being heard in a large cavity with thick firm walls, and containing liquid; when a bronchial tube opens below its level, gurgling is produced, and in the adjoining ones mucous and sub-mucous râles. Now recovery, while extremely rare under these circumstances, is by no means impossible; for if we can prevent the deposit of a fresh crop of tubercles, the sides of the cavity gradually approximate, contract adhesions and leave only a cicatrice in the spot formerly occupied by the tubercle, or the more fluid parts of it being absorbed, the rest may remain a hard, chalky and innoxious mass, causing very little inconvenience to the patient. When the cavity is large, placed near the thoracic walls, and has thick but soft and flaccid sides, the sound heard on percussion is very peculiar, resembling very much that caused by striking the closed hands against the knee, and called the *cracked pot sound*. The same sound is sometimes heard on percussing a healthy but thin person, with the lung full of air and the mouth open. After phthisis has existed some time, the pulmonary pleura is very apt to be perforated, and air admitted in contact with a serous membrane, causing great disturbance. The irritation set up by the presence of air soon induces an effusion of serum, (pneumothorax with effusion,) and we then have at the base of the lung perfect flatness on percussion, strongly contrasted with the tympanic sound above. Pneumothorax, while in the great majority of cases caused by tubercular perforation, sometimes occurs as the sequela of pleuritis; for on the absorption of the effused fluid the lung sometimes does not expand to fill the void, being bound down by adhesions, and air is secreted by the membrane in sufficient quantity to fill up the vacuum; beside the flat and tympanic sounds heard on percussion, we have on auscultation the vesicular murmur very feeble or entirely absent. If the perforation is large, the air passes in and out with a blowing sound, (*amphoric respiration*,) but if small, the sound heard during full inspiration or coughing, is reflected many times in the cavity, and gives rise to a peculiar ringing noise (metallic tinkling.) Another means alluded to before as being known to the ancients (succussion) may also be tried; but as the other physical signs are amply sufficient to diagnose this complication of phthisis, *this one* is rarely resorted to. There are other signs indicative of this disease, but as those I have mentioned are amply sufficient to distinguish it, and as my space is limited, I shall not allude to them further. While the heart and circulatory system cannot be investigated with that degree of accuracy which obtains in the lungs, we have still had much light thrown upon their structural alterations and functional disorders by the introduction of the stethoscope; before its discovery nearly all the disorders occurring about the precordial region were included under the comprehensive title of "heart disease;" but the particular part affected, and the nature of the lesion remained unknown till after death; and even now, with all the improvements of modern times, we are frequently embarrassed in making out a diagnosis, for the

sounds heard, both normal and abnormal, are confined to a small spot in the thorax, and frequently similar sounds are produced by dissimilar diseases. It is therefore indispensable, before pronouncing on the nature of the affection, to collect all the symptoms, physical, general and rational; but in this essay I must confine myself exclusively to the diagnosis by the physical signs.

The heart is a hollow muscular organ, whose office is to propel the blood through every part of the circulatory system; it must be evident, therefore, that any derangement in the action or structure of this most important viscus will of necessity be followed by serious disturbance. It consists of four cavities, which communicate with each other, and the adjoining arteries and veins, through openings protected by valves, which in their normal condition permit the blood to pass in only one direction; these four cavities are lined with a serous membrane, which is reflected over the valves and is continuous with the lining membrane of the vessels. It is contained in a fibro-serous membrane, (pericardium,) which, by giving a smooth investment, facilitates its motions, but still confines it to its proper place in the chest. The position of the heart, which is ascertained by percussion, is from between the cartilages of the third and fourth ribs above, and from the right border of the sternum to the nipple laterally; and below it reaches to the diaphragm, on which its apex rests, and to which the pericardium is sometimes attached. In front it is overlaid by the anterior lobes of the left lung, and only comes in contact with the ribs at one spot. Now in health, two sounds are heard on auscultation; first, a dull, prolonged one, which coincides with the impulse of the heart and the pulsation of the radial artery; then comes a short period of repose, and after that the second sound, which is short and quick, and is heard after the radial pulsation; and lastly, a long silence occurs, after which the same series is repeated. The first sound is synchronous with the contraction of the ventricles, the closure of the auriculo-ventricular valves and the impulse of the heart against the ribs; it is supposed by some that this latter is sufficient to produce the sound, but this cannot be, as in pericarditis with effusion the sound is still heard, although the heart may be removed several inches from the ribs; the second sound is produced by the systole of the aorta and pulmonary artery and the sudden closure of the semilunar valves. These sounds are easily recognised, and are the only ones heard in a healthy state of function or organization. The diseases to which the heart is liable are, inflammations of its lining and investing membranes, alterations in its valves by narrowings, insufficiencies, warty growths, deposits of lymph and osseous matter, and by hypertrophy of its muscular structure. There are also functional disorders, unconnected with structural alterations, and depending on faulty innervation, or changes in the composition of the blood. In investigating the heart, the flexible stethoscope of Dr. Pen-nock should be used for many reasons. The first disease occurring in the precordial region, to which I shall allude, is *pericarditis*, which most generally is a sequela of acute articular rheumatism; the fibro-serous membrane of the heart being similar to that of the joints;

the disease in its progress and termination is very much like pleuritis; first dryness, then serum and liquor sanguinis. During the first stage, a *dry, rubbing sound* may be heard, conjoined with a hurried and tumultuous action of the heart; this *friction* sound may always be distinguished from that of pleuritis by desiring the patient to hold his breath—if from pleuritis it ceases, but is unaffected in pericarditis. In the second stage, the natural sounds are heard very indistinctly, and that of friction totally abolished, as the effusion within the sac removes the heart from its normal position; but the feeble sound is caused, not so much by this as reaching the ear through the liquid, which does not conduct sound so perfectly as a solid body. The sounds on percussion are dulness or perfect flatness, according to the amount of the contained liquid; the space over which this dulness is heard is pyramidal, the apex being above; after absorption of the liquid, the rubbing sound may again be heard, the membrane once more coming in contact; the effused lymph is sometimes absorbed, but more frequently becomes organized, glues the heart to the pericardium, hampers it in its motions, and lays the foundation for hypertrophy and other diseases. *Endocarditis* or inflammation of the lining membrane is also frequently complicated with rheumatism. The products of inflammation are effused as in the other disease, but are immediately swept away in the torrent of the circulation; and frequently the only morbid alterations found after death, are redness and thickening of the lining membrane. The lymph effused on the valves seems to be more tenacious, and soon becomes organized, and passes through the different transformations till it becomes ossific. The heart in the beginning of the disease is heard to beat with great rapidity and violence, and frequently slight dulness may be perceived over the precordial region, as in pericarditis; but they can be easily distinguished, one from the other; for in the latter the sounds of the heart are very indistinct, while in the former they are the reverse; but the most constant and characteristic sign is the *bellows murmur*, which increases and diminishes in intensity, according to the violence or rapidity of the heart's action. If the disease is not completely eradicated and the effused lymph absorbed, we have a new set of sounds produced, very different from any heard in health; this organizable lymph is either effused upon the membrane of the valves or beneath it, and as it passes through the different transformations, causes a change in the character of the sounds. In practice it is exceedingly difficult to detect the particular valves affected, nor is it practically of much importance. Dr. Williams has, however, proposed a plan which appears quite promising, namely, to note in what direction the sounds can be longest heard; if the murmur can be most distinctly perceived in the direction of the aorta; the semilunar valves are most probably affected; the same rule holds good with regard to the pulmonary artery; if, however, the sounds are heard most distinctly about the centre of the heart and decrease in intensity in all directions, the auriculo-ventricular valves are most likely diseased. This state of valvular disease sooner or later causes hypertrophy of the muscular structure, composing one or more of the cavities of the

heart. This hypertrophy may be of three kinds; first, without dilatation or contraction of the cavity; second, with contraction, and third, and most frequent, with dilatation. Dr. Clendenning believes hypertrophy to be caused by vital action in the heart itself, and not by mechanical obstruction. "I would thus," he continues, "reverse, in a great degree, the order of causation usually received, and attribute much of the valvular disease to inflammation, mainly induced by hypertrophy, (if we exclude rheumatism,) as a most potent predisposing cause;" but I believe the majority of writers consider this excessive growth as the effect and not the cause of valvular diseases and obstructions. It seems reasonable that the obstacles to be overcome in the circulation of the blood being greater than in health, the propelling power must necessarily be increased, and increased nutrition generally keeps pace with increased function. On auscultating an hypertrophied heart, we find the first sound duller and more prolonged than in health, and frequently fills up the period of repose between the two sounds; the heart's impulse is also heard over a larger space, but is not so suddenly and intensely produced (provided the auricles are not hypertrophied) as in a healthy state of the organ. A bellows murmur is also frequently heard during the first sound, for whatever increases the propelling power or offers resistance to the free escape of the blood, causes an abnormal sound. When the hypertrophy is considerable there is dullness on percussion, but here the apex of dullness is below, while in pericarditis it is above. The valvular murmurs which generally precede and accompany this disease are caused by narrowings, insufficiencies, rigidity and ossification of the various openings from and into the heart; these sounds are harsh, blowing, rasping or sawing, according to the size of the orifice and the roughness of its surface; but all the sounds resulting from valvular disease are harsh and grating in their character, which sufficiently distinguish them from those of anemia and chlorosis, which are musical. If the sounds heard coincide with the systole of the ventricles, and can be traced along the course of the aorta, the semilunar valves are most probably diseased; if, however, the sounds are heard during the diastole, the cause most probably is insufficiency, allowing the reflux of blood and destroying the second sound. The auriculo-ventricular valves may give rise to morbid sounds, if heard during the systole produced by insufficiency, during the diastole by narrowing. These sounds may also be heard double, and are generally rasping or sawing in their character and indicate grave disease; there being narrowing of one opening and insufficiency of another, or the same opening may be both narrowed and deprived of its valves, the blood rushing in and out at each contraction and dilatation. To diagnose correctly these valvular diseases is by no means easy, and we should always avail ourselves of the signs from the general system and the radial artery, which of course I cannot allude to here.

Aneurism of the aorta occurs with sufficient frequency to make it necessary to say a few words concerning the physical signs by which its presence may be recognised. It occasions a dull sound on percussion over those parts of the sternum naturally resonant, and on auscul-

tation a rough bellows murmur, occurring synchronously with the first sound of the heart and preceding a little the pulsation of the radial artery. Aneurisms of other arteries, if near enough to the surface, may be recognised in the same way. In anæmia and chlorosis the blood is much altered from its normal standard, containing fewer red globules and more water. This thin blood, circulating through the vessels, is easily thrown into vibrations, and gives rise to a bellows murmur, which may be intermittent or continuous, but is always increased in intensity at each systole of the heart, and is called by the French *bruit de diable*; it is easily distinguished from the bellows murmur caused by structural alteration, in being soft, musical and tremulous in its character. This bellows murmur is not only heard in the arteries, but also in the veins; and it is this which renders the sound continuous; for if a stethoscope is applied over the carotid artery of an anæmic patient, and the jugular vein compressed, the murmur will suddenly become intermittent and synchronous with the first sound of the heart. It has been demonstrated by M. Andral, that this bellows murmur always exists when the proportion of the red globules fall below 80 parts in the 1000 of blood, the normal proportion being, for females 127, for males 141; and the former have a greater proclivity to this disease than the latter, which may in part be owing to the greater deficiency of globules in their blood. Auscultation has also been used to diagnose cerebral diseases; but as the sounds heard are few in number, indicate so many and different diseases, and are by no means pathognomonic, I shall not take up the little space I have left by describing them.

Auscultation of the gravid uterus has been practised with great success of late years. No other single sign of pregnancy can be relied on with certainty. But there is no sound heard in the body similar to the click of the foetal heart, and when it is once recognised all doubt as to the condition of the woman is removed. It not only informs us that the woman is pregnant, but assures us that the child is living; and in difficult and protracted labors, if the sound suddenly ceases, we know the child to be dead, and feel less hesitancy and repugnance in performing the necessary operations for the relief of the mother. There is another sound, called the uterine *bellows murmur*, heard in the gravid uterus, and is produced by the blood passing through the long, curling arteries; it is also called a placental murmur, but M. Dépaül asserts, "that it can be heard anywhere on the uterine walls accessible to the ear or stethoscope." It cannot, therefore, be considered a certain sign of pregnancy, as whatever enlarges the uterus gives rise to the murmur, and in pregnancy the death of the foetus in no way alters or abolishes the sound. The sounds of the foetal heart are two in number, close together, yet perfectly distinct, and are said to resemble the ticking of a watch in all save the metallic sound; they are repeated from 120 to 150 times a minute, and become less frequent during the latter months of pregnancy. They may generally be heard after the fourth month, and M. Dépaül says he has recognised them as early as the third month. When two sets of sounds are present we may diagnose twins. These sounds may be heard in the

direction of a line drawn from the umbilicus to the anterior inferior spinous process of the ilium, and as the sound corresponds with the left scapula of the foetus, we may not only recognise the presentation, but the position of the child in utero.

Percussion is the only one of the physical means of diagnosis which can be made available in investigating diseases of the abdominal organs. The spleen, liver, bladder and intestines all have light thrown upon their diseases by percussion. When the liver or spleen is enlarged their dimensions may be most accurately marked out by the pleximeter, and still better by auscultatory percussion. The intestines yield a dull, flabby sound when filled with fecal matter, and a tympanitic one when distended by gas. The bladder also, when filled with urine, can be recognised by its circumscribed dulness, and liquid in the peritoneal sac distinguished from ovarian dropsy, one shifting with the motions of the patient, the other remaining fixed. In physometra, percussion is one of the chief means of diagnosis; in this disease, caused by an accumulation of gas in the uterus, instead of a dull, we have almost a tympanitic sound, which is limited in extent. In hydrometra the sound is also limited, but is perfectly flat in its character. But on the whole the sounds heard in the abdomen do not indicate the nature of the disease with that certainty which obtains in the chest, and palpation is still resorted to in preference to auscultation and percussion for the purpose of diagnosis. I have thus, to the best of my ability, alluded as briefly as possible to the principal diseases whose natures are revealed, and whose progress may be followed by means of these physical signs. I know full well I have omitted many things which strictly belong to this subject, but have preferred to mention only the most dangerous and frequent diseases, and the sounds most practically useful, to over refinement and unpardonable length.

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### Observations on the Fibrine of the Blood.

BY WM. D. MERIWETHER, M. D.

[Read before the Medical Society of Virginia at its June Meeting.]

In taking a general view of the present state of pathology, we cannot fail to be impressed by the great importance attributed to alterations of the blood in the formation of many of the diseases with which the physician is called upon to contend.

It seems to be generally admitted at the present day by the most eminent observers, that there are certain diseases which have their origin in the blood, and which owe most of their manifestations to changes in that fluid, produced by an agent, termed virus, poison or miasm; that others may be traced farther to the source of the blood in the processes of digestion, where vitiated matters are formed, thence thrown into the blood, and by it transmitted to various organs and tissues of the body. There are also certain other diseases known as inflammations, which at one time were supposed to have their origin

exclusively in the solids, and in which the altered properties of the blood were disregarded or considered as secondary in effect and in importance.

As an expression of the present state of opinion in relation to the causes of inflammation, I will quote the words of a distinguished lecturer on this subject :\*

“We may speak much equivocally of the state of the blood itself in determining inflammations, for there can be little doubt that a very great majority of the so-called spontaneous or constitutional, as distinguished from traumatic inflammations, have herein their origin.” Again : “Morbid conditions of the blood are most probably the causes of a great majority of the so-called spontaneous local inflammations.”

It may be stated that in most internal affections, whether inflammatory or not, we find the blood looked upon as containing their germ or essence.

Whether the theory of blood diseases be correct or not, I think it may be safely asserted that pathology and therapeutics have been much improved by regarding the blood as the seat or starting point of numerous disorders. In fevers, for example, we no longer look upon inflammation as their cause, or even their invariable attendant, nor are vain attempts made to locate their origin in particular organs or tissues. Consequently, in the management of fevers, remedies are not directed by false theoretical views to the head or to the abdomen, but a safer and more rational treatment is addressed to the whole system, or to complications as they may arise.

The results obtained by chemical analyses of the blood in health and disease have contributed to the revival of humoralist doctrines, at least by directing to the fluids the attention so long exclusively fixed upon the solids ; and though in disease the chemists are unable to separate or detect the subtle agents which effect changes in the fluids, yet, by demonstrating what may be called their morbid anatomy, they have greatly enlarged our knowledge of diseased products.

While entertaining these opinions in relation to blood diseases, and allowing due importance to the results of chemical investigations, I do not believe that the experiments are sufficiently extended or verified, to enable us to deduce practical rules for the treatment of disease.

I shall endeavor to prove that conclusions have been drawn from the analyses of the blood, which are not warranted by the facts themselves, and to shew the injurious tendency of these conclusions, if fully carried out in practical application.

It will be recollected, that at several recent meetings of the society, the subjects of discussion being the continued and eruptive fevers, several members expressed themselves in favor of the treatment of those diseases, by an occasional employment of blood-letting, and by the use of mercury, to some extent, in most cases ; others contended that Andral had laid down a principle which should govern us in the use of these remedies, which is, “That an excess of fibrine in the blood is the pathognomonic sign of inflammation ;” this constituent

\* Paget—Lectures on Inflammation.—*Lancet* 1849.

of the blood being deficient in fevers, therefore indicating a state opposite to that of inflammation, they argued that the remedies for inflammation, particularly blood-letting and mercury, are contra-indicated in these diseases.

It follows, of course, that when the fibrine is in excess, the antiphlogistic treatment must be resorted to.

The subject, then, that I propose to notice briefly, is the value of variations in the amount of fibrine in the blood as indications of treatment.

As the analyses of Andral have been alone referred to in previous debates, and as they coincide in general with those of other observers, I shall confine my remarks also to this author.\*

Andral gives as the average amount of fibrine in health, three parts in one thousand; three then is the figure representing the average proportion of fibrine to the other constituents of the blood in health. He describes two great classes of disease, the phlegmasiæ or inflammations, and the pyrexia or fevers; the former characterized by an excess of fibrine, the latter by a deficiency of the same.

Let us examine some of the diseases in each of these divisions, in order to determine the actual value of variations in the fibrine as guides to practice.

I commence with the first—inflammations, and take as an example, *Rheumatism*.—There is in this disease, according to Andral, a great increase of fibrine, from eight to ten parts, which places it in the highest rank of inflammatory affections.

To fulfil the indication, there should be an activity in the treatment corresponding to the high rate of fibrine; the antiphlogistic method should be strictly enforced, and calomel and blood-letting, as prominent agents in this plan, should be vigorously pushed; in other words, we have a certain disease to treat; the blood is examined and found to contain an excess of fibrine; therefore, the remedies for inflammation must be employed to get rid of this state, or, as is said, to reduce the plasticity of the blood.

This, if correct, would be a very simple and excellent method, and would save us a great deal of trouble in diagnosis, and in discriminating between different kinds and degrees of inflammation; but it is well known, that neither the antiphlogistic nor any other mode of treatment yet devised, will certainly arrest the progress of an acute rheumatism; that a large proportion of cases will not admit of general blood-letting, and that a profuse administration of mercury will not ensure a rapid or safe termination.

I do not wish to be understood as denying that the judicious employment of these remedies is not the proper course to pursue, but the highest authorities will sustain me in saying, that it is not advisable to push them to the extent that the violence of symptoms and the high rate of fibrine indicate.

Dr. Alison says,† “that large and repeated bleedings in the commencement of rheumatism increase the tendency to metastasis.”

\* Andral, *Essai D'Hématologie Pathologique*, 1843.

† *Cyclopedia of Practical Medicine*, vol. 2.

More recent observers have noticed a tendency to anæmia and consequent valvular murmurs towards the close of rheumatism, even when no bleedings had been practised.

I may also mention that repeated bleedings increase the irritability of the heart, and may thus determine an inflammation of that organ. But, let us suppose that, very properly, blood is drawn two or three times, and a correct estimate made of the proportion of fibrine at each bleeding, what is the result, only, according to Andral? That the fibrine has increased with the disease, independently of the amount of blood abstracted, and also of the age, constitution, strength, weakness or other condition of the patient.

Those who regard the increase of fibrine alone as an indication, must, in such a case, repeat the bleedings and continue the mercury, though the symptoms of the disease and the constitution of the patient prohibit the treatment—thus falling into the same error that was so frequently committed some years since, when it was customary to regard the inflammatory crust as an index of the amount of inflammation, and to treat the disease accordingly. The principle is the same in both cases, for Andral\* states, “that the inflammatory crust is a certain evidence of an excess of fibrine in the blood;” the reason why neither can be relied upon as indicating a necessity for blood-letting, is, that the most copious and frequent bleedings will not prevent an increase of fibrine, and consequently its appearance as the inflammatory crust.

I think, then, we may safely conclude, that in the present state of knowledge on this subject, we cannot trust to the high rate of fibrine exhibited in this disease as a guide to its treatment.

In *erysipelas*, we have another disease characterized by a high rate of fibrine. Andral says, (92,) that “Erysipelas, however slightly acute or febrile it may be, advances with an increase of fibrine represented by the figures 6, 7.”

It would appear, then, that the antiphlogistic treatment is indicated in all cases; it must also be employed indiscriminately, if we are to be guided by the state of the blood alone in this disease.

Now, it is generally admitted, that this disease, particularly as seen in hospitals and large cities, does not admit of very active treatment; that many cases require stimulants from the commencement, and that, in general, depletory measures should be resorted to with great caution. We are told by South,† that in one of the large hospitals of London, the stimulating plan is the only one employed. So far as I am informed, the experience of the profession generally is opposed to an active treatment of *erysipelas*; but those who rely upon the state of the fibrine as an indication, must employ the antiphlogistic treatment, “however slightly acute or febrile the case may be.”

A great deal is said about the *plasticity of the blood*, and the action of calomel in reducing this state when excessive. Let us examine the value of this opinion.

Andral says, (90,) “in any inflammation of the digestive passages sufficient to excite fever, the fibrine rises to 5, 6 and 7, but never be-

\* Op. Cit., page 74.

† Chelius, vol. 1.

yond;" he also details three cases of mercurial stomatitis, uncomplicated by other inflammation, in which the fibrine is represented by the figures 4, 5 and 6—thus almost equalling the highest grade in inflammation of the intestinal mucous membrane. What reliance can be placed in an excess of fibrine, as indicating the use of mercury, when we see this remedy producing the same state of the blood that it is expected to counteract? Andral observes, (89, 90,) "that when mercury is administered to combat certain acute inflammations, it is not right to admit that its antiphlogistic action depends upon this, that it creates in the blood a disposition opposite to that which coincides in this liquid with a state of inflammation."

Andral states, "that in the phlegmasiæ there is excess of fibrine in relation to the globules;" in anæmia an actual or relative excess of fibrine, as compared with the globules, is characteristic of the disease; the same resemblance to inflammation is found in the appearance of the blood—he "considers it incontestible that the blood in anæmia often presents the inflammatory crust." (54.) In phthisis, there is a constant increase of fibrine in the last stages of the disease, (168,) and again, we find the same state of the blood in the latter months of gestation. (104.) Thus we have four conditions of the system, acute inflammation, anæmia, phthisis and pregnancy, all characterized by the same state of the blood—an excess of fibrine, yet it must be admitted that they require very different modes of management.

I will not pursue the subject farther in this branch, for it might be shewn in any case, that an excess of fibrine affords no correct indication as to the proper time for commencing or suspending the use of any remedy, nor as to the extent to which a remedy should be carried; and, though we may admit that this sign, taken in connection with all the attending circumstances of a disease, is entitled to some consideration, yet, relied upon alone, as a principle applicable to all cases, it must lead to gross errors of treatment.

*Pyrexia.*—We come next to that class of diseases said to be characterized by deficiency in the amount of fibrine, the pyrexia or fevers.

There can be no doubt that the distinction between fevers and simple inflammations is fully recognised at the present day, as is also the difference in treatment required by each; fevers, as a general rule, not admitting of very active interference, though exceptional cases often occur in which it is entirely proper to abstract blood and to employ other active remedies. But we are told that these measures are all contra-indicated by the state of the blood, and that the use of calomel particularly, must be avoided for the same reason, *i. e.*, a deficiency of fibrine indicates a state opposite to that of inflammation; therefore, in fevers, an opposite mode of treatment is required.

Let us examine this subject by reference to a few well known diseases; take for example,

*Typhoid Fever.*—According to Andral, the fibrine in this disease may remain in normal quantity throughout its whole course; it may be much diminished, or it may be increased by a local inflammation.

The excess of fibrine is found to be always *coincident* with a local inflammation; both are only the effects of some unknown cause; therefore, the increase of fibrine affords no sign, gives no warning of the approach of inflammation. Now, almost the only period in the disease when general blood-letting can be safely practised, is in the commencement; if postponed for a few days, it will generally be inadmissible. I think a great deal of the disrepute attached to this remedy is owing to its employment too late in the disease; in robust subjects, typhoid fever occasionally sets in with great violence, threatening some important organ—perhaps the head or the lungs, with inflammation; the timely abstraction of a few ounces of blood will relieve the symptoms and tend to restrict the disease to its usual duration; but an examination of the blood in this stage of formation will give us no information; the disease is allowed to run on unchecked, until at last a low form of inflammation is established in some vital part, and at the same time an increase of fibrine is discovered in the blood; then, when too late, at a time when stimulants are demanded, we must, to carry out the principles of those who rely upon the state of the fibrine, resort to an antiphlogistic treatment. For, if it be true that calomel and blood-letting are contra-indicated by a deficiency of fibrine, it must be equally true that an excess of the same demands the employment of those remedies. As to the use of calomel in this disease, there can be no objection, for the reason already stated, given by Andral, “that it does not create in the blood a disposition opposite to that which coincides in this liquid with a state of inflammation;” or, as I understand it, it has not the power of diminishing the amount of fibrine in the blood.

There is a certain deviation from the healthy state, which is recognised in the blood by a diminution of the fibrine and an elevation of the blood globules—a condition very often occurring in typhoid fever, according to Andral. (61–68.) This is plethora; but no one, I suppose, would treat the two diseases in the same manner. Andral attempts to explain the difficulty, by asserting that typhoid fever attacks so often persons who, by their age and constitution, are in a state of plethora.

In apoplexy or cerebral hæmorrhage, there is a constant diminution of fibrine, which is not increased unless inflammation is set up around the clot. The indication is, to treat the disease as we are recommended to treat all fevers—abstain carefully from bleeding and mercury, and rather administer stimulants.

I will not dwell longer upon this subject, as the same observations will apply equally to all the diseases of this class. I think enough has been said to shew that it cannot be asserted as a general principle, *that when fibrine is deficient, blood-letting and mercury are contra-indicated.*

The following extract from the lecture of Mr. Paget, already referred to, may serve to explain why variations in the amount of the fibrine do not afford correct indication of treatment: “The supposed increase of fibrine is ambiguous; it may be at once an increase of fibrine and of the white corpuscles of the blood. These two constitu-

ents of the blood, the fibrine and the white or rudimental corpuscles, cannot be well separated by any process yet invented; and in all the estimates of fibrine, whether in health or in disease, the weight of the white corpuscles is included. Now, in many inflammations these corpuscles are increased, and we have no means of clearly ascertaining how much of an apparent increase of fibrine is really such, or how much is due to the corpuscles entangled in the fibrine."

To sum up some of the reasons why a variation in the amount of fibrine cannot be relied upon as a guide to treatment:

1. It gives no warning by its increase of the approach of inflammation, the increase of fibrine and the inflammation being cotemporaneous.

2. Its increase is not affected by blood-letting, and seems to be independent of any state of depression of the system.

3. In the words of Andral, "I have not seen that, besides the malarial itself, the differences of constitution, of temperament, of age, or of sex, produce any notable modification in the elevation, greater or less, of the figure representing the fibrine, whether the subjects attacked by any acute inflammation were weak or strong, sanguine or lymphatic, the increase of fibrine was neither more or less considerable."—Andral, *Op. Cit.*, p. 81.

4. A diminution of fibrine occurs in diseases otherwise totally opposite, as in apoplexy, plethora, typhoid and other fevers.

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### Observations on the Prevention of Pitting in Smallpox.

BY JULIAN C. MARKS, M. D., OF CABIN POINT, SURRY, VA.

From a profound conviction of the engaging interest and importance of our subject, as well as from a knowledge of the little attention which has, in many instances, been bestowed on it by the profession, we are led to indulge the hope that our remarks may not be considered unnecessary or valueless. If, indeed, it be conceded, as we think it must, that the great terror and dread in which smallpox is still held by mankind are owing in a considerable degree to the uncompromising warfare which in most instances it is palpably known to wage against personal beauty, with its every seductive charm and attraction, we may, upon such grounds alone, rest our apology for these observations, since it is our purpose to present a laconic exposition of the remedial measures best calculated to prevent completely (other things being equal) the hideous and repulsive deformity of face so much feared.

In doing so, however, we pretend not to originality of discovery in this department of scientific research, but content ourselves with the hope that by discussing what has already been discovered, we may draw more closely the attention of the profession in general to this interesting subject.

The deformity induced by smallpox has really been so constant, and in very many cases assumed a character so frightful that the subject of its prevention has long been invested with some interest; hence

various remedies have at different times been brought to the notice of the profession, claiming to have been successfully employed for this purpose. However, three or four of them only we deem worthy of comment.

Perhaps those most lauded, and which present the greatest amount of testimony in their favor, are the mercurial ointment, nit. argent. and tinct. of iodine. Their successful action in any case will depend much upon the stage of the eruption at which they are employed, together with the severity and variety of the disease. It having been found that their application is attended with less certainty of success after the first or papular stage has passed, and in very severe or confluent cases, and *vice versa*. From these data we derive the following: 1st, that these remedies should be employed at the very commencement of the eruption, or as soon thereafter as circumstances may render their application practicable; and 2d, that a successful issue may be more confidently looked for in mild and distinct cases than in grave and confluent ones. The fundamental principle in every case is to produce an abortment of the eruption by arresting its progress early in the disease. Of the three remedies above mentioned, the one upon which most reliance may be placed in accomplishing the end proposed, is doubtless the mercurial ointment. Indeed the weight of authority in its favor is very great. Professor J. K. Mitchell of Philadelphia, than whom we have no higher authority in the United States, says, no other remedy with which he is conversant will compare with it in efficacy.

He used a plaster, formed of equal parts of the ointment and the semivitrified oxide of lead, (litharge,) which covered the entire face; openings being of course left for the nose, eyes and mouth, and with the most gratifying results. The ointment has been employed, simply thickened with powdered starch. A preparation made by incorporating together twenty-five parts of mercurial ointment, ten parts of yellow wax, and six parts of black pitch, is said to be signally efficacious. It has been much relied on in France. It is recommended that the plaster be removed after four or five days, as from longer continuing it an unpleasant irritation might be superinduced. Constitutional effects from absorption of mercury are much feared by some, but doubtless upon insufficient grounds; for should salivation be produced, it would rather be conducive of benefit than injury to the patient. The happy results which this remedy furnishes are confidently referred by some to a mere property of excluding the air; but the fallacy of such a deduction may be clearly and positively shewn by the fact that other remedies which exclude it equally well are infinitely less successful. May they not, as suggested by Dr. Wood, be ascribed to the specific action of the mercury? Such would seem at least to us the only rational corollary. We may add, in conclusion of our remarks on this remedy, that in view of the mental distress which is caused the patient by the great tendency of smallpox to leave behind it unsightly pits and scars, the ready application which may be made of the ointment, and its uncommon success in preventing them, we would scarcely deem a physician excusable who neglected to give his patient the advantages of its employment.

Much difference of opinion prevails with regard to the manner in which nitrate of silver should be employed to obtain the greatest amount of benefit from it. Some lend the weight of their authority in favor of the solution, which they apply to masses of the eruption, while others, who also rank high in the profession, give a decided preference to the solid stick, which is applied to each pock (after having first been opened) so soon as it becomes vesicular. We deem the latter to be the more sure and effectual mode of using it. Indeed, Dr. Wood says, when thus employed it is almost certain to arrest completely the progress of the eruption, and that in a short time desquamation supervenes, leaving no pits. The eruption has been treated not unfrequently of late with the tinct. of iodine, and in the hands of some it has proven a remedy of no inconsiderable value. Dr. Goddard of Philadelphia made application of it in a number of cases, and with the effect of preventing the slightest deformity of face even in the severest cases of the confluent variety—while with Dr. F. Sargent of the same city, it had no appreciable influence on the pitting. It should be pretty freely applied over the affected surface by means of a camel's hair pencil.

We may mention that sulphur ointment has also been used with some success. Professor J. K. Mitchell speaks of it in very flattering and commendable terms. It must be applied to the face several times a day. We have now finished the consideration of these remedies with respect to the influence they exert on the eruption; but they are deserving attention on another account; and here, with one or two remarks more, we have done. Inflammation and tumefaction of face are not the least distressing of the many and varied phenomena which the disease presents. Over these pathological conditions they exercise, in not a few cases, almost surprising dominion, relieving the burning and tension which are almost insupportable, by diminishing the inflammation and tumefaction. Hence it would seem that, apart from all other considerations, this alone is of sufficient magnitude to warrant their use in most cases.

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### Preparation of Mercurial Ointment.

BY JOHN P. METTAUER, M. D., L. L. D.,

*Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College, Virginia.*

The object of this paper is to present to the medical profession, through the Stethoscope, a short and easy method for the preparation of mercurial ointment, that will lighten the labor, facilitate the process, cheapen the cost, and enable the practitioner to have the article always fresh and pure.

It has always been a desideratum with physicians residing in the country, to possess a method for the preparation of this valuable therapeutic agent, that would enable them to prepare it themselves, and without much time or labor; but, by the established modes, they could

not expect to do so, as the various processes generally in use require both. The very tedious method of dividing the mercury by triturating it with lard or suet, when completed, it is true, furnished an excellent ointment; but the time and labor required would generally induce a practitioner to purchase, rather than attempt its preparation himself, especially if much thronged with professional business; and frequently, too, he would dispense with it, when necessary, rather than undertake to prepare it himself. The employment of terebinthines, balsams, rancid tallow, and other materials possessing irritating qualities, for the purpose of facilitating the division of the mercury, as in some of the methods now used, although they facilitated the extinguishment of the particles of mercury—and the process yields a slightly, fine-looking ointment—nevertheless it could not be used long without excoriating or irritating the surfaces to which applied, and was utterly unsuited, when required to be used to tender and delicate organs, such as the eyes, &c.

The difficulty, too, in the preparation of the ointment might tempt to fraud, either by diluting or coloring it with black substances. A method then, as already intimated, more expeditious and easier of execution, for the preparation of this valuable therapeutical agent is a desideratum; to supply which, the annexed formula is offered to the profession. It was communicated through the "Boston Medical and Surgical Journal" in 1835, and published in part 51, vol. 12, page 396 of that valuable medical periodical.

|                  |                     |
|------------------|---------------------|
| Take of mercury, | $\frac{3}{4}$ viij. |
| spermaceti,      | $\frac{3}{4}$ iv.   |
| mutton suet,     | $\frac{3}{4}$ vj.   |
| lard,            | $\frac{3}{4}$ x.    |

The mercury and spermaceti must be united by triturating them well together in a glass or wedgewood mortar of proper size. Should the division of the mercury be slow, which sometimes will be the case when the spermaceti is dry, a small quantity of lard or sweet oil may be added merely to soften the mass. The trituration must then be continued until the globules are extinguished and the mass made to assume a uniform, smooth, blue appearance. The suet should next be added, and being well mixed, the lard can be united with the mass; after which the trituration is to be continued until the ointment is formed. I have found the preparation to succeed better in dry states of the atmosphere, whether in warm or cold weather, and the reason is obvious.

This process requires from 25 to 35 minutes for its completion, but more time may become necessary with an inexperienced operator. I have often completed the ointment in 30 minutes by my watch, and never consumed more than 35 minutes. The ointment yielded is in every respect suited to the most delicate or active uses demanding it as a therapeutical agent. I have adopted the method here given for its preparation for many years, and the resulting ointment used in an extensive country practice has never disappointed me, when there was a probability it would be likely to act at all as a remedy.

The quantities here given are those which I have generally employed in my own practice, preferring to prepare only small portions at a time, to enable me to have the ointment comparatively fresh always.

Believing the Boston Journal does not enjoy an extensive circulation in the "Old Dominion"—and I am astonished it does not, as it is one of the best periodicals in the Union—I have been induced to offer my formula for re-publication through the "Stethoscope;" a medical journal which I hope every physician of Virginia will support and take, if only from state pride—but it is a journal intrinsically of much merit—to afford Southern physicians, especially my brethren of Virginia, an opportunity of testing its utility.

*Prince Edward C. H., May 1851.*

### **Reports of three Cases of Puerperal Convulsions, with Remarks.**

BY TH. POLLARD, M. D., RICHMOND, VA.

*Case I.*—1843, Sept. 10. Mrs. B., æt. 35—Third labor. Convulsions came on in a few hours after commencement of labor. Os uteri dilatable and pains efficient. R. vs. xxiv. Stimulating enema and cold to the head. In an hour convulsions much abated. Labor progressed, and in about an hour and a half more a healthy child was born. Case progressed favorably.

*Case II.*—1849, April 30. Colored woman, æt. 21—First pregnancy. Had been in labor 10 hours. Pains decreasing. Os uteri dilatable; head engaging the superior strait. After waiting an hour, and finding the pains had nearly ceased, administered secal. conut. in two 15 grs. doses, with an interval of 20 minutes between the doses. In about 15 or 20 minutes convulsions came on; pains slightly increased. Vs. xxxij. Stimulating enema and purgative. In two hours convulsions somewhat abated. The head seemed slightly advancing. Head shaved and blister to the nucha. Cold douche freely used on the head. After waiting several hours more, and finding the condition of things not improved, it was determined, in consultation with a neighboring physician, to apply the forceps. These having been inefficiently tried, I turned the child and delivered by the feet. At this time the pains were very feeble.

During the convulsions the woman had been insensible, and most of the time comatose. After the delivery she seemed to rally, the convulsions being now very slight. But the coma supervened and she died in 18 hours afterwards.

*Case III.*—1850, March 8. Colored woman, æt. 23—First pregnancy. At the full term of pregnancy convulsions suddenly came on. Saw her in about two hours in active convulsions, with very slight labor pains. Anasarcous in lower and upper extremities. R. Free venesection from both arms. Stimulating enema and an active purgative. Head shaved; cold to the head and blister to the nape. Remedies produced very little effect; no hope of turning. In so desperate an emergency determined to try ergot, hoping, though scarcely believing, that the uterus might respond to its peculiar influence. No effect

produced. The convulsions continued; labor made no progress, and death occurred in 14 hours from the attack.

*Remarks.*—Cases 2 and 3 were sisters—both of low stature, and plethoric habit. Case 3, had been anasarca for some time previous to her attack—a condition which some author mentions as peculiarly predisposing to eclampsia, referring to anasarca in the upper portion of the body, which would probably indicate some remora in the venous circulation, and thus predispose to congestion about the brain. It was apprehended that the ergot might have had some tendency to bring on the convulsions in case 2; but when it is recollected that the action upon the womb was very small, if any at all, and that the convulsions persisted (in spite of the remedies) long after the ergot could have continued to have had any stimulant action on the brain, I think this apprehension may be dismissed.

In case 3, the administration of the ergot may be censured, but it was a “dernier ressort.” It was evident that the woman must soon perish unless some impression could be made on the os uteri, and under similar circumstances I should again use it.

Two of the cases detailed were first pregnancies, and a large majority of convulsions occur in first labors—of 114 cases recorded by different authors, 91 were first children.

The pathological condition in eclampsia has not been well ascertained. Dr. Denman says in an examination of many women who have died of this affection, he has never seen an instance of effusion of blood in the brain, though the vessels were turgid. In all the cases the heart was found remarkably flaccid and without a drop of blood in auricles or ventricles. Dr. Lee records a case he examined after death, where there was nothing to account for the symptoms, but a little turgescence of the blood-vessels, not more than is seen in many who have died of disease altogether unconnected with the brain. Dr. Ramsbotham made an autopsy in four fatal cases he observed. In case 1, extravasation of blood was found; this case was referrible to injury of the head. In case 2, there was no positive derangement detected in the brain, except turgescence of the vessels of the pia mater. In case 3, after a minute examination of the whole brain, no positive derangement could be detected. In case 4, no breach of the vessels could be discovered—there was injection of the vessels of the pia mater and some serum in the ventricles. Dr. Ramsbotham remarks, “the whole train of symptoms evinces considerable derangement of the functions of the brain and nervous system, yet after death, correspondent marks of organic disease within the brain are seldom met with. I suspect that in many instances that important organ is no otherwise implicated than through the medium of sympathetic irritation.” Dr. Lee speaks of a case examined by M. Cruveilhier, in which not the slightest trace of congestion of the vessels of the brain could be detected, and of another case reported by M. Bontilleux, in which he could detect no manifest alteration within the skull. He also quotes from Dr. Collins, who says, “I conceive we are quite ignorant as yet of what the cause may be; nor could I ever find any appearance on dissection to enable me to hazard

an opinion on the subject." Other cases are related by different authors, who affirm that an autopsy has disclosed effusion of blood within the cranium. These cases are, however, rare, and do not compare in number with those in which there is no manifest effusion.

The *prognosis* in eclampsia is unfavorable. Dr. Merriman in his practice found the fatal cases to be about one-quarter of the whole number. Dr. Ramsbotham makes them in his observation more than one-third. Dr. Ingleby more than one-third. Dr. Lee one-third. Colombat puts them down at one-half.

In the *treatment* of this disease, blood-letting deservedly holds a high rank. Though effusion does not occur in many of the fatal cases, we have every reason to believe that congestion exists in many cases. The quantity to be taken will of course depend on the plethora of the system and the condition of the circulation. In some enfeebled, hysterical women, the remedy will not be borne. After general bleeding to a sufficient amount, cups, shaving the head, blistering, enemata and purgatives should be used. On the use of opium there is some contrariety of opinion. After the force of the circulation has been lessened by the means already indicated, or in women of not originally plethoric habit, and in those of nervous temperament, I should be disposed to try opium. It has sometimes had very good effect, though the weight of authority seems to be against its utility.

Would not chloroform hold out some expectation of efficacy in these cases? After the force of the pulse has been subdued by venesection, and in view of the want of success of the usual treatment in many cases, it seems to us that the inhalation of chloroform would be worthy of trial. It has been known to moderate and control the convulsive movements in tetanus and other diseases. Why might it not in this?

If the means indicated do not put a check to the convulsions, delivery should be effected as soon as possible. This condition is dependent on the frequent state of the womb, and the sooner this can be emptied of its contents the better, and we should not wait to see the effect of the bleeding, cupping, &c. where the life of the woman is endangered by the violence of the convulsions, and where the womb is in a condition for delivery. Of course, in our efforts to deliver, we must be guided by the condition of things. If the os uteri is sufficiently dilated we proceed to turn. If the head is sufficiently accessible, the forceps should be used. If neither are admissible, the former being possibly prevented by the activity of the pains or a narrow pelvis, and the latter by the head, being too high or a narrow pelvis, perforation should be resorted to.

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### **A Case of Still-birth---Normal Respiration established in three hours and forty minutes.**

REPORTED BY JAMES BOLTON, M. D., OF RICHMOND CITY.

Mrs. R., 25 years old, a healthy, robust Irish woman—primipara—married September 7, 1850—delivered of a twin May 15, 1851—249

days. Nothing remarkable about the birth of the first. Three or four hours after, pains being feeble, gave ergot 3 j. in three doses at intervals of 10 to 15 minutes. Vigorous, effectual pains produced in about 40 minutes after first dose. Gave chloroform partially—supply being soon exhausted, and several miles from Richmond. Second child born nearly five hours after the first. Both weakly and premature.

The second made no effort to cry, nor even to breathe. Blew air and sprinkled cold water upon the chest and face, without producing the slightest effect. Cleansed the mouth and nose, and enclosing them with my own lips, inflated the lungs and then pressed upon the sternum. Used artificial respiration in this mode about 20 minutes, without the slightest effort at respiration or motion of any kind. The heart and cord continuing to pulsate, ordered the mother to keep as quiet as possible, in order to preserve the child's connection with her. Placenta expelled in 20 minutes, and slight spasm of respiratory muscles occurred. Removed child, with placenta attached, to a tub of warm water and continued artificial respiration. During about two hours some three or four spasmodic respirations occurred. When these efforts were occasionally suspended, in consequence of fatigue, the infant's face and lips changed to a bluish hue, and the heart's action became much slower. When they were resumed the healthy color was restored, and the heart's action increased in rapidity. The cord was several times examined and found to continue its pulsations.

Spasmodic efforts at respiration gradually increased in frequency until about 3 hours and 20 minutes, when they occurred at the rate of about one per minute. In about 20 minutes more, natural respirations were established, occasionally interrupted by one of a spasmodic character, and pulsations of heart having been always preternaturally slow, reached their natural standard. At what time the circulation of the cord entirely ceased was not observed, but a few minutes before respiration was established, its pulsations could not be felt beyond about 3 inches from the umbilicus.

Functions of respiration and circulation then established in 3 hours and 40 minutes from birth. Cord tied and severed. Child enveloped in warm flannels and dressing deferred till next day.

The following manœuvres practised with advantage while infant in warm bath, and during suspension of artificial respiration: child's breast kept covered with warm water, then suddenly elevated above its surface and cool air blown upon it. These sudden alternations of heat and cold had a powerful effect in producing contractions of respiratory muscles when irritability sufficient. This state did not exist until about two hours after birth.

When irritability sufficiently increased, same effect produced by drawing the fingers and thumb of one hand down the sides of the chest, commencing at the armpits, so as to produce gentle titillation.

May 16. Seventeen hours after birth—vital functions still maintained—but its skin has a maculated, unhealthy hue, with cool surface; refuses to nurse, and has been fed; has discharged meconium; died in an hour, or 18 hours from birth.

*Remarks.*—The long continuance of pulsation in the cord shews the importance of endeavoring to preserve the placental circulation in order to sustain the heart's action. So long as circulation continued there was hope of success; for if its co-ordinate function, respiration, were performed, independent life was certainly established through the reciprocal action of the heart and lungs.

From the history of this case, it is evident that the infant must have perished shortly after birth if left to itself.

Success after so long an interval should encourage the practitioner to persevere so long as a glimmering of hope remains.

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### **An Extraordinary Enlargement of the Liver.**

REPORTED BY P. C. SPENCER, M. D., OF PETERSBURG, VIRGINIA.

Mr. ———, aged about 60, by birth a Scotchman, was in the habit for many years before his last illness, of complaining frequently of great general indisposition, with a gradual enlargement of the abdomen. The bowels were in a constipated state, attended with great uneasiness. There was occasional swelling of the feet and ankles, with inability to get about—a scarcity of urine, and then an increased quantity, alternating. There was derangement of the heart, and great difficulty of breathing. My distinguished and excellent friend, the late Dr. T. Robinson, was his physician. From my knowledge of Dr. R.'s high personal and professional attainments, I knew that all had been done for his relief that could be done. In order to lengthen out the thread of life as much as possible, we had to perform the operation of paracentesis abdominis, every six, eight or ten days. Very large quantities of fluid were drawn off; loaded with flocculæ of an uncommon size, frequently dark or black, and of such a corroding nature as to change the color of the instruments used in the operation, and even to render some of them useless: the large-sized catheters and canulas shared the same fate. By the influence of Dr. R. permission was given for a post-mortem examination.

*Post-mortem examination* shewed the heart and lungs more or less diseased, and the whole of the viscera, especially the liver. Could I have preserved the liver, I certainly should have made the attempt; for, without the fear of contradiction, it was the most remarkable organ I have ever seen. It was, without exaggeration, from three to four times the size of the ordinary organ—had lost its natural shape, size and appearance, and had acquired an enormous size, singular shape and peculiar consistency. Shooting out in beautiful spires, splendidly shaped and arranged, and of various lengths, it had nearly consistency enough to hold them together—but my pen fails me in the attempt adequately to describe this wonderful organ; it was truly a phenomenon.

For the Stethoscope.

**Regular Irregulars.**

The phrase forming the caption of this communication occurred in an extract from the *Lancet* copied into a former number of the *Stethoscope*. It is a very expressive title of a class of medical practitioners, such as Hannah More describes in the Christian Church under the term Borderers. They keep themselves within the ranks of the regulars, but at the same time border as closely as possible on those of the irregulars. They are very careful to do nothing which would subject them to expulsion or even to discipline, and talk very emphatically about the importance of a rigid adherence to the code of ethics. Their uniform is made of the most showy, glittering materials. If, however, their *manceuvres* be watched, they will be seen edging along very closely to the irregulars and picking off a button or so, which, when fastened on their own regimentals, is concealed from common observation by the general glare. At the same time that they are very loud in their denunciations of the artifices of the irregulars, they do not scruple to steal a little trick now and then which they may use to advantage.

Dr. A. hates a Thompsonian, and despises a Homœopath. He is very strict in his outward conduct towards a brother practitioner. If the latter, however, be a young man, he treats him with an air so compounded of respect and patronage, that the patient and friends give him great credit for his *tenderness towards the ignorant and inexperienced youth!* Perhaps the latter may be green enough to receive it in the same manner, and feel quite flattered by the condescension of one so vastly his superior in skill and station. The distinguished *savan* informs the patient and friends that the physician has treated the case with a remarkable degree of skill—indeed quite as much so *as if the patient had been under his own cure!* Of course they all feel quite relieved by this assurance, but agree that it would be safer to trust this superior skill and talent on the next occasion.

Dr. A. has a patient who is rather unwell, and he prescribes a little ride and some cheerful company. A visit to a friend would be very renovating to the nervous system. A seat is offered in Dr. A.'s carriage, and Mrs. B. is quite captivated by the Dr.'s urbanity and obliging disposition. How much better to employ Dr. A. than Dr. C., who don't keep a carriage, and simply prescribes for his patients without adding all these little valuable courtesies. Mrs. B. rides by the Dr.'s side to Mrs. D.'s, and there all the family come out to receive her. The Dr. would not go in for the world, lest he should be considered as endeavoring to supplant the family doctor. However, he is duly introduced by Mrs. B. amidst many flattering remarks, and he rides off, congratulating himself on his *scrupulous observance of professional etiquette*. Mrs. B. finds one of Mrs. D.'s children an invalid, who has been a long time under medical treatment, and all agree that it would be best to *try Dr. A's skill*, and turn off the old faithful family physician.

Mrs. E. has been ailing a good while. Her appetite is very bad. She cannot relish anything. Dr. A. calls at ———'s restorative and

orders some nice little nick-nacks to be sent to Mrs. E. "What a capital doctor," exclaims Mrs. E., "so considerate and liberal;" and she lauds him to the skies among her acquaintance, with a voice improved in clearness and strength by broiled partridge and fixings, &c.

Mrs. F. has disordered bowels—she really cannot keep anything upon her stomach. While in this deplorable condition and disgusted with life itself, a finely-dressed servant enters, bearing a tray covered with a white napkin, and presents it, with Dr. A.'s compliments. "What other doctor," exclaims Mrs. F., "would have been so attentive?" Just at that moment Mrs. G. drops in to enquire after Mrs. F.'s health. The feminine curiosity of both is excited to ascertain the nature of the nicety sent by the generous and considerate doctor. The napkin is raised, and an elegant glass is disclosed, packed in crushed ice, and filled with some beverage sparkling as if fresh from a fountain. A taste proves it to be iced champagne. "What an elegant doctor!" they both exclaim. Besides this impression, there is another very profitable one. The popular proprietor of the restorative and all his menials are made acquainted with the important fact that Mrs. E. and Mrs. F., &c. employ Dr. A.; and besides this, as one good turn deserves another, mine host becomes an advertiser of Dr. A. to all his customers.

Mrs. H. employs Dr. A. to attend herself, and is quite captivated by a round of these pretty little civilities. Her husband requires medical attention and sends for Dr. J., and is very well satisfied with the treatment of his case. Dr. A. is informed of the fact at his next visit. Alarmed and envious at the effect of such competition, he exclaims, "Why did you not send for me?" The next time Mr. H. is taken sick, like a dutiful spouse, he permits Mrs. H. to send for her favorite doctor.

Now what would be the result if the whole medical profession were to adopt this mode of purchasing practice? He who should degrade himself the most by playing the sycophant to his patients, and make them the most costly presents, would render himself the most popular physician. The patient would learn to set a low estimate upon professional skill, and look upon all these expensive courtesies as perquisites, instead of regarding the services of the physician as of far more value than the fee which is expected in return. These are a few small scraps of the worn-out regimentals of the irregulars with which Dr. A. patches his own. Unfortunately for himself, however, he gradually puts on so many, that at last every shred of his own flashy livery is replaced by that of his antagonists, like the silk stocking which was darned with cotton so often, that it finally became a cotton stocking. He then shines out in his true livery, and is expelled from the society of those who had long suspected and now detest him.

If any one shall perceive from this sketch that he is unconsciously pursuing such a course towards his own ruin, let him pause and resolutely determine no longer to hang about the outskirts of the regular phalanx, but take a bold, manly stand in favor of high, independent principles.

X. Y. Z.

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## EDITORIAL AND MISCELLANEOUS.

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We comply with the request of the faculty of the medical department of Hampden Sydney College, to publish the essay of Dr. Cabell, with great pleasure. Dr. C. graduated with distinction in Richmond at the close of the last session. It is the custom of the faculty to offer a prize, of a fine gold medal, for the best essay on some selected subject, given to the graduating class towards the close of the term. Previous to opening the packet containing the *real* name of the successful candidate for this honor, on the last commencement day, the Dean announced to the audience that the professors had been much perplexed to decide between the merits of *two* of the papers handed in—that though the medal would be awarded to another, it was incumbent on him to say, that one signed “Stethoscope” was possessed of almost equal merit. We thought at the time that it would have been an act of charity to the audience, who were curious to know who “Mr. Stethoscope” was, as well as an act of justice to the gentleman himself, to have broken the seal and announced his *real* name. We are glad that it has since been done, and the author turns out to be Dr. P. H. Cabell. Though Dr. C. was not fortunate enough to win the prize, his able competition for it has won for him golden opinions from his old preceptors and the profession also. Of course nothing *new* could have been expected on the subject, but the paper is so well written and embodies so much of the valuable sciences of percussion and auscultation, that it not only merits publication, but it will probably be more acceptable to our readers than other matter which we might give them. This thesis evinces a high talent for writing possessed by the author; a talent which is too much neglected by medical students and practitioners, but one almost indispensable to the acquisition of a wide reputation. It also speaks well for his alma mater, to whom may Dr. Cabell’s future career do great credit. We “shall hear from him again,” as Mr. Webster is said to have remarked to his preceptors when he left college.

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### Ragland Will Case.

A legal case of much interest has been going on in the superior court in this city, before Judge Caskie and a *most patient* jury, for the last month or two—known as the Ragland will case. As it has excited general interest in a medico-legal point of view, we will make a

brief allusion to it at present, and give a detailed account of the medical testimony, if it can be obtained, in a future Number.

The testator was a planter of some wealth, living in the county of Louisa—his property consisting principally of land and negroes. He was a bachelor and lived aloof from his relations, and being seized with what his physicians testify to be typhoid fever, died in nine or ten days. Two days previous to his death he summoned to his bedside several friends, with whose assistance he made the will now the subject matter of controversy. This will cuts off Ragland's relations and emancipates his slaves, and is objected to principally, we believe, upon the following grounds:

That the testator, laboring under typhoid fever, was *incompetent* to make a will two days previous to his death.

That it was unnatural and contrary to the feelings and usages of men of his character and position.

That the testator was influenced by improper exertions and acts on the part of his attendants, while not in a condition, physical or mental, calculated to resist such influences.

The chief points of professional interest were, the *competency* of the individual to make his will, and the correctness of the diagnosis. These, of course, were subdivided into many points by the lawyers and medical witnesses. The attending physicians, as well as a host of medical gentlemen of this city, were summoned to give testimony in the case, and their testimony was so very discordant that neither party to the suit could make much use of the evidence of their own witnesses. We were forcibly struck with some of the Utopian theories advanced, and the general ignorance of the profession in affairs of medical jurisprudence.

The unwarrantable license taken by the counsel in commenting, not on the theories or opinions of the doctors, but on their characters, capacities, and even *their very persons*, cannot be too strongly rebuked, and though it were permitted by the court, it should not have been by gentlemen having a proper self-respect. However conflicting may be the views of medical witnesses, lawyers should be made to remember that they give their opinions as *opinions* only, and under solemn oath, "the truth to say to the best of their knowledge and belief." Their treatment should be the more respectful on account of their being to a certain extent tongue-tied, and defenceless after leaving the witness's stand. Our profession in Virginia are seldom called before the courts in matters of medical jurisprudence, and

for this reason they are less *expert* in protecting their reputations than in giving keen lawyers material to make display at their own expense.

If it is possible to obtain the evidence in the case, we will attempt to give a summary of the testimony of each of the medical witnesses examined. The will has been sustained.

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From several quarters of the state, we learn that dysentery and enteritis have prevailed to a considerable extent during the past month. Quite a drought with a week of cold, fall weather was experienced about Richmond, but the reputation of the city as being one of the most healthy in the world, has not suffered as much as the unseasonableness of the weather would have warranted. It is proper to say that the report of the presence of cholera here is entirely idle, and would scarcely need contradiction were it not possible that it may be credited by some in the country, and they thereby prevented from visiting the city. *Cherry* disease and other complaints of the season have prevailed to their usual extent, but as the public (and some of the doctors) have suffered for two years with *cholera-phobia*, we are never surprised to hear these cases, when violent and attended with great prostration, magnified into the real Asiatic.

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The number of practitioners in Richmond city is about one hundred, and as an impression is abroad that there is "a fine opening" here, the immigration is still going on. The population of the city is about thirty thousand—the estimate then is one physician for every three hundred souls. Pretty good this, for a city the bills of mortality (if any could be made) of which would compare favorably with any city in the Union.

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### Useful Articles.

We call the attention of physicians to the *Extracts* prepared by Messrs. Tilden & Co. (See advertising sheet.) After a considerable trial, we feel warranted in recommending them to the profession, especially in the country, as pure and reliable. We have seen in most of our exchanges the highest testimonials in their favor, and doubt not but that they need only be tried to be generally used. We will take pleasure in furnishing samples from the lot which was sent us by Messrs. Purcell, Ladd & Co., the agents in this city, to any of our country friends for trial. They may be procured from the agents in bottles containing from  $\frac{1}{2}$   $\frac{3}{4}$  to 1 lb.

Our thanks are due to Messrs. Purcell, Ladd & Co. also for a fine sample of *Mexican* or *Chia seed*. They are imported from Mexico, where they are used, we learn, with success in the treatment of the diseases of the bowels incident to that warm climate. They are recommended as a substitute for bene leaves, and are very useful for the ready preparation of a bland and very abundant mucilage—a single teaspoonful stirred in a glass of *cold water* will form in a few minutes an excellent mucilage. We have used them with great satisfaction in irritation of the bladder as well as in infantile diseases. From their cheapness, and the facility with which they are used, they are already in high repute in this city. They should be kept in every family as well as by physicians.

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#### Editor's Table.

In addition to our regular exchanges for the month, we have received the usual number of pamphlets and catalogues. It is a joyful reflection, that hereafter under the new law, we shall receive these things *free of postage*. From the pile before us, we select the following as demanding some notice :

*The forty-fourth annual circular and catalogue of the Medical Department, University of Maryland.* This catalogue exhibits 180 matriculates for the past session, of whom 72 were graduated. Appended is a short statement of the fees, statutes, &c. of the institution, and the rest of the pamphlet is the annual circular, which purports to be an exposé “of the views of the faculty on the subject of medical education.” This circular, like most others from faculties, abounds in good recommendations, and “earnestly urges” many things which the profession would be glad to see *required*. The school from which it emanates is one of rank, possesses many advantages, and is in a prosperous condition.

By the *catalogue of the Medical College of the State of South Carolina*, we observe that the class of the past session numbered 230—a very great increase upon that of previous years. Of these, sixty-five were graduated, and all but *two* are marked as having received “literary educations” or collegiate degrees. Among the requirements of the candidates for graduation one is, “that they have studied medicine for *three* years with some respectable practitioner and then attended two full courses of lectures.” By the stand which this institution has taken, it has commanded the support of the state and thus greatly increased its own prosperity.

*Catalogue of the Medical Department Hampden Sydney College, Richmond, Virginia, Session 1850-'51, and announcement of Session 1851-'52.*

The summary of this catalogue shews the number of matriculates to have been 90. From Virginia 78, North Carolina 6, Mississippi 2, Alabama, Maryland, Tennessee and Ohio, 1 each. The number of graduates was 26.

The *announcement* of this school shews that it has been steadily on the increase, and is now in a prosperous condition. The faculty, in their circular, state that "this success has been achieved in the face of many prejudices and adverse circumstances—that it was established by private enterprise, but now the state has taken the institution under its fostering care, and by efficient pecuniary aid has placed it on a secure foundation, the faculty stands pledged to the public," &c. We are glad of this; but we take the liberty, as a public journalist, to make a remark or two in regard to the circular and the college.

It is well known that more than a year ago the legislature virtually made a donation to the medical faculty of the college of some \$30,000. This measure was not universally popular for many reasons, but it is needless to enter into them here, as we believe there have been no complaints made of the act since its passage. The college is now one of the public and endowed institutions of the state, and there is a general feeling not of "prejudice," &c., but one of good will towards it, and a desire to see it built up into a great institution, worthy of the metropolis of the state, is generally entertained. But, for the institution to prosper and enjoy the good will and assistance of the profession at large, the faculty who now literally own it, must hearken to the wishes of the profession in regard to its management. There is no better opportunity than that now offered, for this institution to become permanently established and to take rank in numerical strength and character as one of the largest and principal schools of the United States. The profession is determined to effect a radical reform in its constitution, and it seems plain to us that it is the interest of the schools to *take the lead* in this great movement, and not wait to be dragged and cuffed into it. The rapid multiplicity of the doctor manufactories throughout the land makes it necessary for those schools which *can afford* to do their duty to do it at once. All the upstart schools which are spreading heresy and humbuggery, and poisoning the public mind and body, are the offspring of the old ones. The regular and legitimately organized colleges will continue to sprout these fungi and encourage their growth as long as they continue to

turn out ignorant, unqualified and unprincipled prostitutes of the once honorable and meaning title of doctor in medicine. The remedy is plain and simple. The faculties must refuse to admit to their lectures men who do not give entire satisfaction of their being sufficiently intelligent and well educated to understand them, as well as of *moral character* enough not to pervert them. The standard of medical knowledge necessary to obtain the title of M. D. must be raised to a degree infinitely above that which now enables the schools to turn them out like the factories do spools of cotton. Then the ceremony of licensing practitioners of the "science of life," with the imposing and once respected diploma, must be made one of serious and impressive importance. Before a school should allow its graduates to receive its diploma, they should be required to swear to protect its honor and character, and to comply with all the requisitions, both moral and professional, of a high and honorable pursuit. Lawyers, and persons of much less responsibility, are required to be sworn to do their duty in their professions before entering upon the active practice of them. Had this been required of the doctors, what a different spectacle would the profession of medicine now exhibit? What a different position would the science occupy? But to return to our subject, from which we may seem to have irrelevantly digressed. The Richmond school is one which we believe inculcates as high a professional tone as any other, and we have never heard of any of our brother alumni who have aided or encouraged in the perversion of their calling. We think we can speak for the mass of the medical men in Virginia and North Carolina, and say that they are ready to do all in their power for the promotion of the interests of the college. But the college has much to do for itself—now, that its position is such that it *can afford* to take a firm stand, we call upon it to carry out the wishes of the profession, as expressed repeatedly in the national association and otherwise. Let this Virginia institution take the lead in the movement of reform, and its position will command the respect and support of the Southern profession to such a degree that its prosperity will soon be envied by its present rivals, and they will follow its good example.

In regard to the announcement of the coming session, we most respectfully suggest to the faculty that it contains one very objectionable character. We allude to the publication of an imposing list of surgical cases and operations treated at the college infirmary during the past year. Whilst we are fully aware of the absence of all desire on the part of the faculty to build up their private and individual interests by this method of advertising, and believe them to be gentle-

men of too high a sense of honor to be guilty of the slightest violation of ethics, still we know that the system is distasteful to a large portion of the profession, and not viewed in a friendly spirit by some. The intention of the faculty in publishing the surgery cases done at the college is to advertise the infirmary more favorably to the public, and to give evidence to students of the advantages held out by the institution for clinical instruction. This we know is the sole object, but with due deference we submit our belief that this object would be achieved equally well by announcing the fact of a large number, or even the number of operations done. It is the *effect* of this advertisement which is complained of—and the effect is very prejudicial to private practitioners. They are not allowed by any code of medical ethics, or public opinion, to do the same thing, and may complain of it with great justice. Of course, the position of the occupant of a professional chair gives an individual great advantages in private practice; but when, in addition, he has the privilege, denied to all others, of publishing his cases to the world, he must necessarily increase his private practice and reputation at the expense of others, however worthy and competent, though humble, they may be. It is the duty of medical schools to publish their clinics whenever anything worthy of notice occurs, and the Medical Journals afford every facility to them to do so, and are the surest media for making and extending reputations both for colleges and professors. We trust that our friends of the college will not take umbrage at the remarks which this *lusus* on their part has called forth. We mean them in the best spirit, and are prompted to make them by an earnest desire to call the attention of the faculty to a matter which we know to be operating against them. This same thing has been done before, and by schools of high fame, but the profession, through the press, complained of it, and it is discontinued. We hope it may be here.

*Several addresses to graduating classes* have been received, among which are those of Dr. A. LITTON, professor of chemistry and pharmacy in the St. Louis university, and Dr. C. TODD QUINTARD of Roswell, to the graduates of the medical college of Georgia, each abounding in fine sentiment and elegant conception.


In addition to the *Exchanges* heretofore announced, we acknowledge the following :

*The Transylvania Medical Journal.* *The New York Scalpel* for May. *The Southern and Western Masonic Miscellany*, an excellent 32 page monthly, at \$2 per annum, valuable to the craft, and edited by our very worthy companion and confrère, Albert G. Mackey, M. D., of Charleston, S. C., a man of great literary and masonic reputation, and a number of *outside Journals*. Several of these are published in Cincinnati, which city we have always regarded as the hot-bed of quackery. *The Cincinnati Journal of Homœopathy*, and *The Psycho-Medical and Surgical Journal*, are two Cincinnati productions, each edited by sundry M. D. *Professors*, who are doubtless apostates, and disgraces to some of our respectable schools where they have obtained diplomas by the loose and culpable system of medical education, now so general. But we must be cautious of our personal safety, if ever we chance to be in Cincinnati, may not be sure, as suits for libel are the go now.

Among the numerous pamphlets with which we are flooded, there are some very funny ones, such as "The Rights of Women"—"*The Practice of taking Blood in Diseases*"—contrary to common sense, to general experience, to enlightened reason, and to the manifest laws of Divine Providence"!! With sundry scriptural quotations, certificates of M. D.'s, and a serious petition to the legislature of New York to make venesection a penal offence, attached—By WM. TURNER, M. D. This fanaticism doubtless will soon receive the sanction and encouragement of many of the whining, shaved head *Reverend* gentlemen, who are not slow to depart from their sphere to adopt and encourage all of the heresies of fools and knaves.

We will notice in our next a pamphlet which has been very generally circulated on *Cures and the Therapeutics of Mineral Waters in general*, by Rev. T. Stringfellow.

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 Notices of *Skey's Operative Surgery*, *Churchill's System of Midwifery*, *The Pharmacopœia of the United States*, *Wilson's Dissector* and *Cooper on Dislocations and Fractures*, have been crowded out of the present Number, but they shall appear in our next, when we shall also take pains to improve the department of selections in a practical point of view.

### Omission.

We omitted to state in our report of the proceedings of the National medical association, that the annual prize for the best essay "on physiology or medical chemistry," was awarded to Dr. John C. Dalton, Jr., of Boston. His subject was *Ovology*, and his treatise is spoken of as a very brilliant production. It will appear, by special vote, in the forthcoming volume of the "Transactions of the Association."

We observe by the Buffalo Medical Journal that the Transactions of the New York State medical society are published as a document of the legislature—thus placing them in the hands of every practitioner, and giving them otherwise a general circulation. They make up an octavo volume of two hundred and forty-eight pages, and embrace much valuable information.

### Medical Society of Virginia—June Meeting.

Dr. JAMES BEALE, 1st *vice-president*, in the chair. *Present—thirty members and several visitors.*

After the reading of the minutes, the following gentlemen were severally ballotted for and admitted members of the society:

M. H. Houston, M. D., of Wheeling, Va.

John G. Skelton, M. D., of Powhatan county.

Carthon Archer, M. D., of Henrico county.

Frank Powell, M. D., of Middleburg, Va.

H. Tatum, M. D., of Chesterfield county.

A number of letters of application for membership were read, the nominations seconded, and laid over for a month under the rule.

The subject of the evening being in order, Dr. MERIWETHER proceeded to read an essay "on the fibrine in the blood." (This paper is published in the original department of the present Number.) A few observations were made on the paper by several gentlemen—they regretted, however, that the exact subject of the essay had not been made more generally known previous to the meeting, and a motion prevailed adjourning the subject over until the July meeting.

Dr. MERIWETHER stated that his object in presenting the paper was to draw out a continuation of the very interesting discussions recently held in the society in regard to the condition of the blood in certain diseases. He desired to hear a fuller debate on this point, and acquiesced in the desire to defer it until the next meeting.

The committee for auditing the accounts of the treasurer reported that they were correct. The treasurer then presented a financial estimate of the liabilities and necessary expenditures for the ensuing year. The following resolution was adopted:

*Resolved*, That the assessment of each resident or attending mem-

ber for the current or fiscal year be fixed at \$5—\$3 to be payable to the Richmond library association, and \$2 to the treasurer of the society.

Dr. BOLTON remarked that this society being now engaged in carrying out its original design, the organization of the profession of the state, and non-residents of Richmond justly objecting to the application of their contributions to purely local objects, he therefore offered the following resolution:

*Resolved*, That the treasurer be directed to invest that portion of the balance in the treasury which has been derived from initiation fees during the past year, together with all other funds which may hereafter accrue from the same source, to be used by the society for the general benefit. Adopted.

In view of increasing the library, Dr. CLARK offered the following resolutions, which were adopted:

*Resolved*, That voluntary contributions from members of the society to the library, with the privilege of withdrawal, be invited; and that in all other respects the laws now in operation in respect to the library remain in force.

*Resolved*, That the corresponding secretary be instructed to subscribe to the publications of the Sydenham society.

On motion of Dr. M. P. SCOTT, the following resolution was adopted:

*Resolved*, That a standing committee of five be appointed by the chair to investigate and report on the subject of the mineral waters of Virginia, and that Dr. WM. BURKE be its chairman.

On motion of Dr. C. S. MILLS, the resolution offered by Dr. BEALE at the last meeting, in regard to apothecaries who are in the habit of prescribing, was deferred until the next meeting, with the understanding that it shall be taken up as the first business of the evening.

Dr. GOOCH said that he had been using pretty extensively *Tilden & Co.'s* Extracts, and had found them very efficacious and valuable. He offered to furnish small quantities to any gentleman who might desire to use them with his indigent patients.

After the transaction of sundry other business of local and private nature, the society adjourned.

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### **Proceedings of the Sixth Annual Meeting of Medical Superintendents of American Institutions for the Insane.**

The association of medical superintendents of American institutions for the insane, convened at the hall of the American philosophical society of the city of Philadelphia, on the 19th day of May 1851, at 10 o'clock, A. M.

The following gentlemen were present:

Dr. Isaac Ray, of Butler hospital for the insane, Providence, Rhode Island.

Dr. N. Cutter, of Pepperill (private) institution, Mass.

Dr. John S. Butler, of the Connecticut retreat for the insane, Hartford.

Dr. N. D. Benedict, of the New York State lunatic asylum, Utica.

Dr. C. H. Nichols, of the Bloomingdale asylum, near New York.

Dr. H. A. Buttolph, of the New Jersey State lunatic asylum, Trenton.

Dr. T. S. Kirkbride, of the Pennsylvania hospital for the insane, Philadelphia.

Dr. Joshua H. Worthington, of the Friends' asylum for the insane, Frankford, Pa.

Dr. William S. Haines, of the Philadelphia lunatic asylum, Blockley.

Dr. John Curwen, of the Pennsylvania State lunatic asylum, Harrisburg.

Dr. John Fonerden, of the Maryland hospital, Baltimore.

Dr. S. Hanbury Smith, of the Ohio lunatic asylum, Columbus.

Dr. R. W. Parker, of the South Carolina asylum, Columbia.

Dr. R. J. Patterson, of the Indiana hospital for the insane, Indianapolis.

Dr. J. M. Higgins, of the Illinois hospital for the insane, Jacksonville.

Dr. Pliny Earle, late of Bloomingdale asylum, New York.

Dr. Smith, of the Missouri hospital for the insane, Fulton.

In the absence of the president and vice-president, the association was called to order by the secretary, Dr. Kirkbride, and on motion of Dr. Fonerden,

Dr. S. W. Parker, of South Carolina, was appointed chairman *pro tem*.

The minutes of the preceding meeting having been read, on motion of Dr. Fonerden, it was

*Resolved*, That a committee be appointed to select the names of individuals to fill any vacancies which may exist in the offices of the association.

Drs. Fonerden, Worthington and Hanbury Smith were appointed the committee.

A letter from Dr. W. M. Awl, of Ohio, was read, in which he tendered the association his resignation of the office of president, which was accepted, and referred to the committee to nominate officers.

On motion of Dr. Kirkbride, it was

*Resolved*, That the members of this association, in receiving the resignation of Dr. Awl, as its presiding officer, cannot allow the occasion to pass without testifying their full appreciation of his efforts as one of the original promoters of this association, and of his varied and important services in the cause of the insane,—and their regrets are increased by the knowledge that impaired health should have compelled him to cease to occupy the post of active usefulness in which he has been so long and so favorably known.

*Resolved*, That the secretary be instructed to furnish Dr. Awl with a copy of these resolutions.

The committee to propose names to supply vacancies in the offices of the association, nominated Dr. Luther V. Bell, of Massachusetts, as president, in the place of Dr. Awl, resigned, and Dr. Isaac Ray, of Rhode Island, as vice-president, in the place of Dr. Bell, nominated

for president, which nominations were confirmed by the association, and these gentlemen duly appointed.

On motion of Dr. Butler, it was

*Resolved*, That each member be authorized to invite such individuals as he may think proper, to attend the meetings of this association.

On motion of Dr. Kirkbride, it was

*Resolved*, That, as heretofore, a business committee, consisting of three members, be appointed, who shall report, each morning, what papers will be read, and what other business is likely to come before the association during the day.

The secretary read a letter from the late president of the association, announcing the subjects selected by him on which the members are expected to report during the present meeting, in compliance with the resolution adopted last year.

Invitations from the board of directors and president of Girard college for orphans, inviting the members of the association to visit that institution, were read and accepted.

The resolution of the American philosophical society, tendering the use of their hall for the meetings of the association, also one of the board of managers of the Pennsylvania hospital, offering their library for the same purpose, were read.

Lawrence Lewis, Mordecai L. Dawson and William Biddle took seats with the association, as members of the board of managers of the Pennsylvania hospital for the insane, also William Bettle and John C. Allan, as managers of the Friends' asylum.

A paper prepared by Dr. Galt, of the Eastern asylum of Virginia, on the impropriety of treating the insane and persons affected with other disorders, in the same building, was read by Dr. Hanbury Smith, and after discussion, on motion of Dr. Butler, was laid on the table for future notice.

Dr. Cutter read a paper on the use of stramonium in the treatment of insanity, which, after discussion, was laid upon the table.

Dr. Ray read a case illustrating the great ingenuity often exhibited by the insane in accounting for their delusions.

Dr. Worthington tendered to the association an invitation to visit and examine the Friends' asylum for the insane; and Dr. Kirkbride, a similar one to visit the Pennsylvania hospital for the insane, which invitations were accepted, and referred to the business committee.

Dr. Kirkbride made a report from the business committee, which was accepted.

On motion of Dr. Parker, adjourned to meet at the Girard college at 4½ o'clock this afternoon.

#### *Afternoon Session.*

The association met at the Girard college, agreeably to adjournment, and under the guidance of the directors and officers of that magnificent monument of private charity, proceeded to visit its various parts, and to examine its internal arrangements, and then ad-

journed to meet at the hall of the American philosophical society, at 9 o'clock to-morrow morning.

SECOND DAY—*Morning Session.*

The association met agreeably to adjournment. The minutes of yesterday's sessions were read and adopted.

Dr. Edward Jarvis, of Dorchester, (private institution,) Mass., took his seat as a member of the association.

Dr. W. H. Stokes, of the Mount Hope asylum, near Baltimore, appeared and took his seat as a member of the association.

Dr. Charles Evans, consulting physician of the Friends' asylum, also took a seat with the association.

J. Konigmacher, as trustee of the Pennsylvania state lunatic hospital at Harrisburg, Alex'r Cummings, W. S. Hansell and T. Robinson, Esq'srs., as guardians of the Philadelphia lunatic asylum, took seats with the association.

The secretary, on behalf of the officers of the United States mint, tendered an invitation to the association to visit that institution; also a similar one from the managers of the Pennsylvania hospital—and from the Pennsylvania institution for the instruction of the blind—from the Pennsylvania institution for the deaf and dumb, and from the Philadelphia athenæum, which were accepted and referred to the business committee.

Dr. Kirkbride, from the business committee, made a report.

Dr. Curwen read a paper containing a manual for the use of attendants in institutions for the insane, which, after discussion, was laid upon the table.

On motion of Dr. Higgins, it was

*Resolved*, That a committee be appointed to examine the manual prepared by Dr. Curwen, and be requested to report during the present meeting of the association.

Drs. Hanbury Smith, Fonerden and Benedict were appointed the committee.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That a committee be appointed to draw up a constitution and code of by-laws for the government of the association, and to aid in the despatch of business. Drs. Hanbury Smith, Kirkbride and Nichols were appointed the committee.

A letter from Baines Sears, Esq., secretary of the Massachusetts board of education, relative to the preventing of insanity by means of early education, was read and referred to a committee of three, of which Dr. Ray is chairman, with power to select his associates.

Dr. Ray read a paper, entitled "Hints to Medical Witnesses in Questions of Insanity," when, after discussion, on motion of Dr. Kirkbride, it was

*Resolved*, That the paper just read by Dr. Ray is of so practical and valuable a character, that he be requested to publish it in the *American Journal of Insanity*, as containing the sentiments of this association on the subject to which it refers.

Dr. Hanbury Smith, from the committee on publication, made a report, in which was recommended the publication of a volume of transactions, containing the history of the rise and progress of the association, an abstract of its proceedings, and a selection from the papers read at its annual meetings. On motion of Dr. Kirkbride, the subject was referred back to the same committee to make a further report at a future session.

A communication was received from a committee of the board of guardians of the Philadelphia almshouse, inviting the association to visit that institution, which was read, accepted, and referred to the business committee.

The paper prepared by Dr. Galt, and laid on the table yesterday, was called up for discussion, after which, Dr. Patterson offered the following resolution, viz:

*Resolved*, That it is the duty of the community to provide and suitably care for all classes of the insane, and that in order to secure their greatest good and highest welfare, it is indispensable that institutions for their exclusive care and treatment, having a resident medical superintendent, should be provided, and that it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in county poorhouses or other institutions, with those afflicted with or treated for other diseases, or confined for misdemeanors; which, on motion of Dr. Parker, was laid on the table for future consideration.

Dr. Earle commenced reading an account of several institutions for the insane on the continent of Europe, visited by him two years since, and suspended the reading on a motion to adjourn to meet at the Pennsylvania hospital for the insane, at 2 o'clock P. M., which was agreed to.

#### *Afternoon Session.*

The association met agreeably to adjournment.

Dr. Chandler of the Massachusetts state lunatic hospital appeared and took his seat as a member of the association.

Under the guidance of Dr. Kirkbride, the association proceeded to visit and examine the Pennsylvania hospital for the insane, and then adjourned to meet at the hall of the American philosophical society, at 9 o'clock to-morrow morning.

#### THIRD DAY.—*Morning Session.*

The association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Ranney, of Blackwell's Island lunatic asylum, took his seat as a member of the association.

Dr. Earle concluded the reading of his paper, interrupted by the adjournment yesterday morning.

An invitation from Dr. Horner to visit the University of Pennsylvania and Wistar Museum, was read, accepted and referred to the business committee.

Dr. Kirkbride, from the standing committee on the construction of hospitals for the insane, in compliance with the resolution adopted last year, read a report containing a "series of resolutions or propositions, affirming the well-ascertained opinions of this body in reference to the fundamental principles which should regulate the erection and internal arrangements of American hospitals for the insane."

I. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

II. No hospital for the insane, however limited its capacity, should have less than fifty acres of land devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every state hospital or other institution for 200 patients, to which number these propositions apply, unless otherwise mentioned.

III. Means should be provided to raise ten thousand gallons of water daily to reservoirs that will supply the highest parts of the building.

IV. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

VI. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible be made secure from accidents by fire.

VII. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex—making sixteen classes in the entire establishment.

VIII. Each ward should have in it a parlor, a corridor, single lodgings for patients, an associated dormitory communicating with a chamber for two attendants; a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to the kitchen or other central part of the building.

IX. No apartments should ever be provided for the confinement of patients or as their lodging rooms that are not entirely above ground.

X. No class of rooms should ever be constructed, without some kind of window in each communicating directly with the external atmosphere.

XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

XII. The floors of patients' apartments should always be of wood.

XIII. The stairways should always be of iron, stone or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

XIV. A large hospital should consist of a main central building with wings.

XV. The main central building should contain the offices, receiving rooms for company, and apartments entirely private for the superintending physician and his family, in case that officer resides in the hospital building.

XVI. The wings should be so arranged, that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes for the free admission of both light and air.

XVII. The lighting should be by gas, on account of its convenience, cleanliness, safety and economy.

XVIII. The apartments for washing clothing, &c., should be detached from the hospital building.

XIX. The drainage should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

XX. All hospitals should be warmed by passing an abundance of pure fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 degrees F., and placed in the basement or cellar of the building to be heated.

XXI. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

XXII. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.

XXIII. All water closets should as far as possible be made of indestructible materials—be simple in their arrangement, and have a strong downward ventilation connected with them.

XXIV. The floors of bath-rooms, water-closets, and basement stories, should as far as possible be made of materials that will not absorb moisture.

XXV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows of which should be large, and having pleasant views from them.

XXVI. Wherever practicable, the pleasure grounds of a hospital for the insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

Which propositions having been duly read, and maturely considered, were adopted by the association.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That the secretary be instructed to cause the propositions now adopted, in reference to the construction and arrangements of hospitals for the insane, to be published in the medical journals of this continent, as the sentiments of this association on the subject referred to.

On motion of Dr. Smith, of Missouri, it was

*Resolved*, That a committee be appointed in reference to the best kinds of furniture for hospitals for the insane, to report, if possible, during the present meeting of the association.

Drs. Buttolph, Benedict and Curwen were appointed the committee.

Dr. Fonerden offered the following resolution, viz :

*Resolved*, (1st.) That when a hospital for 250 patients has received 200, a new hospital ought to be erected in anticipation of the time when the maximum number will be in possession of all the accommodations.

(2nd.) The second hospital ought then to be constructed, with a view to appropriate it to one sex of patients only, and as soon as it is ready for admission, there should be transferred to it from the first hospital all the patients of that sex for which the new hospital has been provided.

Dr. Benedict moved a division of the question, which was agreed to. The first section, relative to the erection of a second hospital, was adopted. The second section, relative to appropriating the new hospital to a single sex, being under consideration, on motion of Dr. Kirkbride, it was

*Resolved*, That the whole subject be referred to a committee, to report at the meeting next year.

Drs. Fonerden, Benedict and Chandler, were appointed the committee.

On motion of Dr. Patterson, the resolution offered by him yesterday was taken up for consideration, and after discussion, was adopted.

On motion of Dr. Worthington, adjourned to meet at the Friends' asylum for the insane, at 3½ P. M.

#### *Afternoon Session.*

The association met at the Friends' asylum agreeably to adjournment, and having, under the guidance of Dr. Worthington, examined the different parts of that establishment, came to order for the transaction of business.

Dr. Chandler read a paper on the proper number of patients for one institution, and whether any advantages would result from a complete separation of the sexes, in hospitals devoted to their treatment, which after discussion was laid upon the table.

Adjourned to meet at the Philosophical hall, at 11 o'clock to-morrow morning.

#### FOURTH DAY.—*Morning Session.*

After having visited in a body the United States mint and the Academy of natural sciences, the association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Nichols read a paper prepared by Dr. Williams, one of the consulting physicians of Blackwell's Island hospital, N. Y., on typhomania, which after discussion was laid on the table.

Dr. Kirkbride read a paper on the washing, laundry, bakehouse, &c. for hospitals for the insane, which after discussion was laid upon the table.

Dr. Jarvis read a paper on the supposed increase of insanity, which after discussion was laid upon the table.

Dr. Kirkbride tendered his resignation of the office of secretary, to take effect at the close of the present meeting, which was accepted.

On motion of Dr. Benedict, a committee was appointed to nominate a member to supply the vacancy occasioned by the resignation of Dr. Kirkbride.

Drs. Benedict, Hanbury Smith and Worthington were appointed the committee.

Dr. Chandler commenced the reading of an obituary notice of the late Samuel B. Woodward, M. D., the first president of this association, and prepared at the request of last meeting.

Dr. Hanbury Smith moved that a committee of finance be appointed, which was agreed to.

Drs. Hanbury Smith, Kirkbride and Butler were appointed.

The finance committee made a report, which was accepted.

Adjourned to meet at the Philadelphia hospital for the insane, Blockley, at 4 P. M.

#### *Afternoon Session.*

After having visited the Pennsylvania hospital in the city of Philadelphia, the first institution provided in America for the treatment of the insane, being founded just a century ago, the association, under the guidance of Dr. Haines, proceeded to inspect the different parts of the Philadelphia lunatic hospital and almshouse, Blockley.

On motion of Dr. Fonerden, it was

*Resolved*, That a committee of three be appointed to decide upon the place of the next meeting of the association.

Drs. Kirkbride, Parker and Patterson were appointed the committee.

Dr. Hanbury Smith, from the committee relative to the manual for attendants, offered the following resolution, which was adopted, viz :

*Resolved*, That Dr. Curwen, when printing his manual, be requested to supply each member of the association with an interleaved copy, and that these copies, with what remarks may be suggested during the year, be handed to the committee before making a final report next year.

Adjourned to meet at the Philosophical hall, at 9 o'clock to-morrow morning.

#### *FIFTH DAY.—Morning Session.*

The association met agreeably to adjournment.

On motion of Dr. Nichols, it was

*Resolved*, That a committee be appointed to express the thanks of this association to the various boards of managers and officers of the different institutions visited by the association, as well as to the various other bodies to whom we are indebted for invitations and other acts of kindness.

Drs. Nichols, Hanbury Smith, and Smith of Missouri, were appointed the committee.

On motion of Dr. Worthington, it was

*Resolved*, That the members of the association be requested to report to the next meeting all the fatal cases of that form of disease described by Dr. Bell in his paper read before this association in 1849, and other cases resembling it, together with the result of their autopsies, especial reference being had to the condition of the thoracic, abdominal and pelvic viscera, as well as to that of the brain.

Dr. Kirkbride, from the committee to select a place for the next meeting, reported that they had agreed to recommend that when the association adjourns, it will adjourn to meet in the city of New York on the 3d Tuesday of May 1852, at 10 o'clock, A. M., which recommendation was adopted.

On motion of Dr. Fonerden, it was

*Resolved*, That Dr. Ray be chairman of the committee in reference to Mr. Sears' letter, and that he nominate his associates. 2nd. That the secretary of this association write to the secretary of the Massachusetts board of education, informing him that his letter of June 22d, 1850, to Dr. Fonerden, was read at a meeting of the association held 19th May 1851, and then referred to a committee to report at the annual meeting in 1852.

Dr. Chandler finished the reading of his notice of the late Dr. Woodward, interrupted by the adjournment yesterday, when, on motion of Dr. Kirkbride, it was

*Resolved*, That Dr. Chandler be requested to publish the memoir in the American Journal of Insanity.

Dr. Buttolph offered the following resolutions, which were unanimously adopted, viz :

*Resolved*, That this association fully appreciates the benevolent motives, the self-sacrificing labors, and the untiring perseverance of Miss D. L. Dix, in her efforts to ameliorate the condition of the insane of our country, and that we deeply regret the failure during the last and previous session of congress, of her application to that body for an appropriation of a portion of the public lands, for the benefit of the indigent insane of the several states.

*Resolved*, That we do now, as we have heretofore done, most cordially recommend the passage of this act by congress, believing as we do, that the measure would be alike creditable to the benevolent character of our government and people, and useful to the unfortunate recipients of the bounty.

*Resolved*, That Miss Dix be encouraged by our advice and sympathy to continue her application in behalf of this object until her efforts are crowned with success, and that the secretary be requested to furnish her with a copy of these resolutions.

The treasurer, Dr. Kirkbride, reported : That since the last meeting he had received \$18, and had paid expenses of the association to the amount of \$12 59; leaving in his hands a balance of \$6 73.

On motion of Dr. Fonerden, it was

*Resolved*, That the president of the association be requested to open

the next meeting with a public address on the progress of knowledge concerning insanity.

Dr. Nichols, in compliance with the request of the last meeting of the association, read an obituary notice of the late Amariah Brigham, M. D., one of its vice-presidents, when on motion of Dr. Kirkbride, it was

*Resolved*, That Dr. Nichols be requested to publish the same in the American Journal of Insanity.

Dr. Haines read a paper descriptive of the system of steam heating, connected with a forced ventilation adopted at the hospital buildings of the Philadelphia almshouse, which after discussion was laid upon the table.

On motion of Dr. Hanbury Smith, the committee on a constitution and bye-laws was continued, to report at the next meeting.

On motion of Dr. Smith of Missouri, it was

*Resolved*, That a committee of three be appointed to report at the next meeting of the association, on the relative value of an upward and downward ventilation in hospitals for the insane.

Drs. Bell, Smith of Missouri, and Haines, were appointed the committee.

Dr. Ray made a statement in reference to an act passed by the last legislature of the state of Rhode Island, defining the legal relations of the insane of that commonwealth.

Dr. Nichols, from the committee appointed for the purpose, reported the following resolutions, which, after consideration, were unanimously adopted, viz :

*Resolved*, That the members of this association have visited and inspected the Pennsylvania hospital for the insane, under the care of Dr. Kirkbride, as well as the parent institution in the city of Philadelphia, with great interest and satisfaction, recognising in both abundant evidence of the well-directed benevolence to which they owe their origin, and feeling convinced that, if not unequalled, they are at least unexcelled.

*Resolved*, That upon a close inspection of the Friends' asylum for the insane, near Frankford, under the care of Drs. Evans and Worthington, the association has much pleasure in testifying to the excellent condition in which they found that well-conducted and now venerable institution.

*Resolved*, That the visit of the members of the association to the Philadelphia hospital and lunatic asylum in Blockley, under the medical care of Dr. Haines, has afforded them an opportunity of avowing their conviction that this establishment occupies a prominent position among the great charities which are the glory of Philadelphia. The cleanliness and comfort of its spacious apartments, the classification, order, and freedom from restraint of its insane inmates, are commendable ; and in all that relates to the supply of water, warmth, ventilation and drainage, this institution is not only in advance of similar pauper establishments, but even of some of our state hospitals.

*Resolved*, That while the association finds so much to admire and commend in this institution, and approvingly observes the astonishing

improvements effected since its last meeting in this city, six years ago, it feels free to remind the board of guardians, of its well-known opinions on the importance of providing labor, and spacious and constantly and readily accessible grounds for exercise for the insane, especially as the institution possesses abundant means of accomplishing such advisable improvements, in the extensive grounds and beautiful gardens connected with it.

*Resolved*, That our thanks are especially due to the boards of managers and guardians of all the institutions above mentioned for their personal attentions and the kindness shewn us on the occasion of the visit of inspection, to which reference has just been made, as well as other times, and for other proffered privileges, of which want of time has prevented our availing ourselves.

*Resolved*, That our thanks are due and are hereby tendered to the president and directors of the Girard college for orphans, for the liberal manner in which the association was entertained during its visit to every part of that magnificent and admirably conducted institution.

*Resolved*, That the association returns its warmest thanks to Dr. R. M. Patterson, director, and Franklin Peale, Esq., chief coiner of the United States mint, for the highly appreciated privilege afforded us of inspecting every part of this establishment, justly renowned for the elegance and perfection of its machinery and arrangements, and for the admirable manner in which it is conducted.

*Resolved*, That the association gratefully acknowledges the liberality and kindness which prompted the American philosophical society to tender its hall for the meetings of the association, and the use of which places us under special obligations to that body.

*Resolved*, That the thanks of the association are also due to the managers of the Pennsylvania hospital for the offer of their beautiful library room for the meetings of the association: to the officers of the academy of natural sciences, for the privilege of making a very gratifying visit to that valuable institution: to the officers of the Pennsylvania institution for the instruction of the blind, of the Pennsylvania institution for the deaf and dumb, of the Philadelphia Athenæum, and of the University of Pennsylvania, for the courteous invitations to visit those institutions, which want of time alone prevented our accepting.

*Resolved*, That the secretary be requested to furnish the daily papers of Philadelphia with a copy of these resolutions for publication.

The committee appointed to select a secretary in the place of Dr. Kirkbride, resigned, nominated Dr. Buttolph, who was appointed.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That while the association reluctantly accepts the resignation of its secretary, Dr. Thomas S. Kirkbride, it feels that it is due, not only to him but to itself, to express its full appreciation of the faithful, devoted and acceptable manner in which he has discharged the duties, often arduous and irksome, of the office which he has filled from the first organization of the association, and for which we return him our heart-felt thanks.

Dr. Hanbury Smith, from the committee on publication, asked that said committee be continued; which was agreed to.

On motion of Dr. Parker, it was

*Resolved*, That the thanks of the association are cordially tendered to its vice-president, Dr. I. Ray, for the able, impartial and courteous manner in which he has performed the duties of presiding officer during the present meeting.

On motion of Dr. Benedict, it was

*Resolved*, That the president of the association be requested (within two months of the adjournment of the present meeting) to assign to each member a subject on which he shall make a written report at the next meeting.

On motion of Dr. Nichols, it was

*Resolved*, That the secretary be requested to furnish a copy of the proceedings of the association to the editor of the "American Journal of Insanity," and to the editors of the various medical journals in the United States and Canada, for publication in their respective journals.

After some remarks by the vice-president, Dr. Ray, on motion of Dr. Butler,

The association adjourned to meet in the city of New York, on the third Tuesday in May 1852, at 10 o'clock A. M.

THOMAS S. KIRKBRIDE, *Secretary*.

### **Ovarian Tumor Removed, per vias Naturales, by Catheterism of the Fallopian Tubes.**

REPORTED BY SAMUEL A. CARTWRIGHT, M. D., NEW ORLEANS.

March 10th, 1850, I sent for Dr. Warren Stone, to consult him in regard to the propriety of extirpating a very large and hard ovarian tumor in a patient of mine, Mrs. \* \* \*, a small, delicately-formed lady, of sanguine temperament and scrofulous constitution, lately from the country. The patient herself wanted an operation performed, and came to the city for that purpose. When I told her that it would require an incision two feet long to extirpate so large a tumor, she replied, that she did not care if it were three feet, as she had rather die than live to suffer as she did. A tormenting strangury, from the pressure of the tumor on the bladder, annoyed her very much day and night. She was about 19 years of age, had been married two years, and was very feeble, pale and emaciated. She said that the tumor had been growing from her earliest recollection, but it had not become so large as to incommode her much, until after her marriage; she had taken iodine and its preparations for a long time; had been twice salivated, and so far from deriving any benefit, grew weaker and the tumor continued to enlarge. She was also afflicted with bronchitis and ulceration of the throat, which she attributed to salivation. The tumor made her look as large as a woman in the ninth month of pregnancy; it was hard and irregular to the touch, and seemed to arise from the left ovary; it would incline from side to side with the position of the body; a prolongation of the tumor had slipped down between the bladder and uterus, and so much compressed the vagina

as to be in the way of a speculum examination. As the case was beyond the reach of medicine, the resources of surgery were invoked. After a careful examination, Dr. Stone came to the conclusion that a surgical operation would be too hazardous, and in all probability fatal, in consequence of adhesion of the tumor to the bladder and contiguous viscera.

The patient was put on a course of proto-iodide of mercury, combined with cicuta; the tincture of iodine was applied externally, and a tincture of pareira brava root advised for the relief of the irritation of the bladder. This treatment was continued for seven or eight days, the patient growing weaker and the tumor larger. The disease of the throat became so annoying that I found it necessary to apply the nitrate of silver frequently to the ulcerated and inflamed tonsils, and to substitute tonics for the iodide of mercury and cicuta.

On the 18th of March, the patient consented to a speculum examination. The uterus was rather under the usual size; there was no leucorrhœal discharge, congestion or inflammation; the mucous surfaces were in a state of anæmia, being pale and exsanguious. A very small gum elastic catheter, with a wire in it, after repeated efforts, was introduced into the uterine cavity. The passage of the catheter through the coarctation, called the os internum, gave some pain, and caused a faintish, sick sensation; but this is nearly always the case in probing a healthy uterus, and the operation requires some address and a proper instrument, or it cannot be effected. The small catheter was withdrawn, and a larger-sized instrument was passed with some difficulty through the cavity of the cervix into the uterus; it penetrated about two inches; on being withdrawn, a little blood, as usual, followed. I now concluded to try catheterism of the left Fallopian tube. With this view, the catheter, containing a wire, was flexed like the male catheter and passed through the fusiform cavity of the neck into the triangular cavity of the uterus itself; the wire was withdrawn about half an inch, so as to make the point of the instrument more flexible, and was carried forward in the direction of the ostium uterinum of the left Fallopian tube. It entered the tube after a few trials, and after penetrating about an inch, it seemed to enter a cavity or expansion of the tube itself; it was pushed forward about an inch and a half more, seeming in its passage to encounter a soft, yielding substance; it was then withdrawn; a glutinous substance followed its withdrawal, which I recognised to be a hydatid formation. The same catheter, with a very tapering point, was dipped in a solution of nitrate of silver, a drachm to an ounce. Several minims of the solution were drawn into it by working the wire in the calibre of the instrument; it was then passed through the uterine cavity into the Fallopian tube, until it had penetrated the tube three inches, when it was moved about in the cavity of the tube, and the wire moved so as to eject the caustic solution through the eyes of the catheter, among the hydatid cysts that the instrument had reached; on withdrawing it, a semi-membranous, tenacious substance, with dark specks interspersed through it, not unlike frog-spawn, presented itself at the mouth of the uterus, seeking an exit, but too thick and glutinous to pass freely. Finding it too soft

and yielding to be drawn away with the forceps, a little raw cotton was passed around a probe, so as to entangle the viscid substance, and by turning the probe the stringy matter was wound around it, and pulled out of the uterus in long mucilaginous ropes. The supply seemed to be inexhaustible. The patient being much fatigued, the operation of drawing away the hydatids was at length suspended; nevertheless they continued to come away, *per vias naturales*, for a week or more. In the mean time, the tumor was reduced to less than half its former size, and grew softer and less painful. The catheterism of the Fallopian tube, with the catheter filled with a strong solution of nitrate of silver, was again repeated on the 3d of April, the 1st, 7th and 13th of May. At the last operation no more hydatids or viscid fluid was brought away; but at all the other operations, they were not only brought away at the time, but continued to pass off for a week or more after each catheterism.

The day after the last operation, the patient left town for the seashore; her health had begun to improve rapidly, her pains were gone, and her abdomen was reduced to near its natural size. While absent, her health appeared to be entirely reinstated.

Last autumn she returned to the city quite well, though some fulness and hardness could still be felt in the hypogastric region, the effects of the former adhesions, verifying the accuracy of the diagnosis made by Dr. Stone, of whose skill in surgery New Orleans is justly proud. Soon after her return she had an attack of fever, which, as is usual, sought out the weakest part, and the ovarian region again became the seat of painful sensation, which, with the distension from dyspeptic flatulence, made her apprehensive, for some months, that she was not cured; but her general health improved in the course of the winter, and she was enabled to dance, waltz, and walk about town as actively as almost any other woman. Although she suffers somewhat from painful distension in the abdominal and pelvic regions during her menstrual periods, and is dyspeptic and flatulent at such times, yet, when that is over, her form is quite sylph-like. Her bronchial disease is cured, and the leucophlegmasia is giving way to the rosy hue proper to her original sanguine temperament.

As this is the first case of ovarian tumor, as far as I know, which has been treated by catheterism of the Fallopian tubes, I have thought proper to report it. I do not consider the operation as always a difficult one; because, when the ovaries are in a morbid state, the Fallopian tubes are, in general, much more easily catheterized than in the healthy condition. I doubt its practicability in a state of health; possibly it might be effected during the catamenial period. The same important practical law obtains in regard to the uterus itself, it being generally easier to probe when in a morbid state. I have succeeded in curing some cases of dysmenorrhœa and sterility by catheterism of the Fallopian tubes, selecting the proper time for the operation; but as its virtues in this respect are already known to the profession, it is unnecessary to dwell upon the subject farther than to say, that New Orleans can shew some as unquestionable evidences of its efficacy in sterility as London.—*New Orleans Medical and Surgical Journal.*

## Repudiation of Homœopathic Members by the Edinburgh College of Physicians.

We are glad to learn from the following that "the authorities" in Edinburgh begin to see the necessity of purging their body of the Hahnemannian *entozoa* which defile their *primæ viæ*. It was high time for them, parties as they have been by toleration to a diffusion of this form of medical tergiversation amongst the rising generation educated in this ancient establishment. We are not for dictating to the better dressed mob on the choice of their medical advisers; we think that a fool has a right to his physician, but we have a right to dictate to colleges which by connivance place knaves on a level with honest men. The Edinburgh College of Physicians is entitled to credit for their movement in this direction; but to those unacquainted with the varieties which exist in the medical body politic, it is necessary to state that it forms no part of the University; neither, we believe, has it any connection with it. The University appears powerless in this as in many other matters deeply affecting the welfare and character of the medical profession, being under the control of the town council: a strange arrangement still adhered to notwithstanding its origin. Surely it is high time for the Scotch to emancipate themselves from the authority of the uncivilized barbarians who ruled them when these charters were granted. The following is the act of the College of Physicians:

*"Resolutions unanimously adopted by the Royal College of Physicians of Edinburgh, regarding Practitioners of Homœopathy."*

"At Edinburgh, and within the College Hall there, the 9th day of May 1851, an extraordinary meeting of the Royal College was held, pursuant to a resolution agreed to at the last quarterly meeting, and of which extraordinary meeting due notice was given, the president in the chair, the following resolutions were moved, seconded, and unanimously agreed to:

"I. That the Royal College of Physicians of Edinburgh, did, several years ago, publicly express its opinion of homœopathy and homœopathic practitioners, by peremptorily declining to admit into its body a candidate for its fellowship who belonged to that denomination; and consequently that no fellow of the college can possibly be ignorant of the light in which all those who practise homœopathy are regarded by the college.

"II. The college regrets that, notwithstanding this decided expression of its opinion, more than one of its fellows, after being admitted in a different character, have endangered the reputation of the college by becoming homœopathic practitioners; and the college expresses an earnest hope that these fellows, seeing they have thus virtually separated themselves from the college, will spontaneously sever their further connection with an institution which repudiates them, and from which they can derive, as merely nominal fellows, nothing else than a false position and a spurious credit.

“III. The college feels the more bound thus to express its opinion, seeing that those fellows who have become homœopathists, and any other medical practitioners who follow homœopathy, must necessarily be aliens to the other fellows, and to the profession at large; inasmuch as no fellow of this college, or any other physician, can, by any possibility, without derogating from his own honour and from the honour of the profession, meet practitioners of homœopathy in consultation, or co-operate with them in the other common duties of professional life.

“IV. That although the college has not thought it expedient hitherto to take any active steps for disclaiming those fellows who have become homœopathic practitioners subsequently to their admission to the college, nevertheless, since it has the power of dealing summarily with those who act in a manner so unbecoming the character of a physician, it reserves its right to exercise that power when it shall be so advised.

Signed in name, and by authority of the college.

J. Y. SIMPSON, *President.*”

We add the comments of the London Lancet, in which we concur. The homœopathic branch of the valetudinary section of the community will, doubtless, say that this “persecution” of their infinitesimal part of a medical man is mere spite; and will babble of Harvey, Galileo and Jenner, but when such folk tire of their plaything, we do not wish to find it in our cabinet:

“The College of Physicians of Edinburgh has just come to a resolution condemnatory of the practice of homœopathy, and calling upon any of its fellows or licentiates who may look with favor on that silly heresy, to disconnect themselves from a body instituted for the cultivation and promotion of science. It is, we believe, well understood to be the purpose of the Northern college to proceed against all such persons as may shew themselves slow to understand what honor and truth require of them. They will be plainly and forcibly ejected. Nor will those be spared who, in weak compliance with aristocratic caprice, and in order to steal a march upon their more sturdy and honest competitors, so far forget what is due to their education, their position, and their duty to their patients, as to countenance and meet in consultation the pseudo-medical tribe who, under the gabardine of homœopaths, wait upon the weaknesses, and stoop to the humors of pampered and idle men and women of the upper ranks of society. All honor to the College of Physicians of Edinburgh. We trust they will neither waver nor pause in their manly and honest course. It is time that the medical profession should rouse itself to vindicate both its character and its property. Toleration has gone far enough, and the evil but grows with impunity. We have in this metropolis, to a still greater extent than in Edinburgh, our impostors, and we regret to say, also our false brothers, who do us more injury than the quacks. Were the homœopaths invariably left in the difficulties into which their presumption and their dishonesty frequently lead them, their

credit with the public would long ago have been destroyed. But when physicians of hitherto good name consent to meet such men, and thus vouch for the propriety of their proceedings, they are vastly aided in their scandalous and nefarious trade. We regret to think that in London, men attending members of the royal family have been singularly guilty in this respect. We should be glad to hear that our own College of Physicians had roused itself to the evil which is stalking abroad. The monstrous alliances now proceeding between regulars and quacks, might surely deserve the exertion of collegiate authority. The Edinburgh College will not, we trust, forget that there are great functionaries to be corrected. What is to be done with Dr. Henderson, the homœopathic professor of pathology in the University of Edinburgh, to the condign disgrace of the university, and of every other professor, be it spoken? What sort of pathology does this man teach? If he teach the pupils of the university the ordinary and approved doctrines of physic, what becomes of his practice? If he teach them homœopathy, what excuse have the patrons for the toleration? In either case, "*Ou l'honneur va-t-elle se nicher.*"

"We are not aware what steps have yet been taken by the College of Physicians of Edinburgh in the matter of Professor Henderson, the homœopathic pathologist of the great Northern university. We trust no hesitation will be felt by the college respecting his summary punishment. This person has too long been permitted to scandalize the medical profession in Scotland. We have always held it monstrous that a man perverted from legitimate medicine should be allowed to tamper with medical youth, in his professional character, for a single year after his perversion. It is discreditable to the moral feeling of the profession in Edinburgh that a man should have been permitted to continue year after year in the opposite and incompatible characters of homœopathic practitioner and medical teacher in a university for the education of students in the rules of legitimate medicine. We know it has been said again and again, that the professorial appointment lies with the town council, and that that body alone is capable of removing Professor Henderson from his chair of pathology. But the profession have had no indications of discontent on the part of the other professors at the humiliating position in which they have long been placed. They might, and should, one and all have resigned, unless the correction of Dr. Henderson could have been effected. How can such men as Goodsir, Christison, and Hughes Bennett, reconcile it to their consciences that they hold their professorial offices conjointly with a homœopath? This is worse than meeting homœopathic practitioners in practice, for teaching is a higher matter than practice. For some time past the principal professors of the University of Edinburgh have advertised themselves as editors of the *Monthly Journal of Medicine*. We have not observed their criticisms upon the state of the profession in Edinburgh, or the anomalous position of Professor Henderson. We have seen plenty of captious fault-finding with respect to everything passing in London; but the beam in the medical eye of Edinburgh has quite escaped attention. This is hardly as it should be, and we beg to call the notice of the

gentlemen to whom we have referred, to their duties as editors and professors. Let them bestow their pens for a while north of the Tweed, and let us have the pleasure of congratulating them upon the removal of the scandal which now deforms their veteran university.”  
[*Dublin Medical Press.*]

### Extraordinary Tapping.

Dr. T. D. Lee, of New York, reports a case of ascites, in which he performed paracentesis abdominis 39 times, and drew off 141 gallons of water! The case terminated fatally. We recollect removing 10 gallons at one tapping, in a case of encysted dropsy, and repeatedly afterwards 6 gallons, by which the life of the patient was prolonged about 18 months.—[*Southern Med. and Surg. Journal.*]

## MEDICAL COLLEGE OF OHIO.

### SESSION OF 1851-'52.

The thirty-second annual session of this institution will open on the 15th of October next, and close on the last of February, under the following arrangements :

H. W. BAXLEY, M. D., Professor of Anatomy.

JOHN LOCKE, M. D., Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D., Professor of Physiology and Pathology.

T. O. EDWARDS, M. D., Professor of Materia Medica and Therapeutics and Medical Jurisprudence.

R. D. MUSSEY, M. D., Professor of Surgery.

LANDON C. RIVES, M. D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M. D., Professor of Theory and Practice of Medicine.

JOHN DAVIS, M. D., Demonstrator of Anatomy.

☞ The following branches will be included in the course: *Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine and Clinical Medicine and Surgery.*

☞ The DISSECTING ROOMS will be opened for classes on the 1st of October.

☞ CLINICAL LECTURES on Medicine and Surgery will be delivered at the Commercial Hospital three times a week.

The Medical College of Ohio affords the most ample opportunities for the prosecution of *practical Anatomy* and *clinical* instructions in *Medicine and Surgery*.

### Preliminary Lectures.

A course of Lectures will be delivered by the faculty, (free of charge,) commencing on the 1st of October; also, Clinical Lectures at the Commercial Hospital.

FEES.—For a full course of Lectures, \$105; Matriculation and Library ticket, \$5; Dissecting ticket, \$10; Graduation fee, \$25; Hospital ticket, \$5.

☞ Board (including the expenses of room, fuel and light) can be obtained at from \$2 to \$3 per week.

☞ A new college edifice will be erected during the ensuing summer.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M. D., *Dean of the Faculty,*  
South side of 6th st., between Walnut and Vine.

Cincinnati, July 1851.—tO.

# MEDICAL DEPARTMENT

OF

## HAMPDEN SYDNEY COLLEGE, RICHMOND, VA.

The fourteenth annual course of lectures will commence on Monday, the 13th of October 1851, and continue until the 1st of the ensuing March. The commencement for conferring degrees will be held about the middle of March.

R. L. BOHANNAN, M. D., Prof. of Obstetrics and Diseases of Women and Children.

L. W. CHAMBERLAYNE, M. D., Prof. of Materia Medica and Therapeutics.

S. MAUPIN, M. D., Prof. of Chemistry and Pharmacy.

CHAS. BELL GIBSON, M. D., Prof. Surgery and Surgical Anatomy.

CARTER P. JOHNSON, M. D., Prof. of Anatomy and Physiology.

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The price of board, including fuel, lights and servants' attendance, is usually \$3 or \$3½ per week.

The catalogue, &c., containing fuller information concerning the institution, will be forwarded to those applying for it, or specific enquiries will be answered by letter. Address,

July 1st, 1851.

S. MAUPIN, M. D.,

Dean of the Faculty.

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“Should your conviction of the value of these preparations correspond with my own, after you have examined them and tried them in practice, perhaps you may think it due alike to the profession and to the gentlemen who are improving the instruments by which we work, to call the attention of your readers to the improvements which I cannot doubt this process secures.”

“Medical Society of the State of New York.

“Resolved, That this society, having seen and examined, and several of them having used the various Vegetable Extracts made by Messrs. Tilden & Co., of New Lebanon, New York, and being satisfied of the valuable character of these preparations, hereby recommend them to the members of the profession generally.

“P. VAN BUREN, Secretary.

“Albany, February 6, 1850.”

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June 21, 1850.

Resolved, That this society, having seen from various sources entitled to respect and confidence, commendatory notices of the excellency and purity of the various medicinal extracts prepared by the Messrs. Tilden, of New Lebanon, New York, and having tested them and used them ourselves, do most cordially recommend them to the medical profession.

H. H. CHILDS President pro tem.,  
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
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# STETHOSCOPE

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## VIRGINIA MEDICAL GAZETTE.

No. 8.]

RICHMOND, AUGUST 1851.

[Vol. I.]

**Pathological and Diagnostic Excerpts.---In which the value of Physical Signs is enforced.**

BY RO. W. HAXALL, M. D. OF RICHMOND CITY.

One of the greatest, if not the greatest difficulty in the successful practice of medicine is the formation of a correct diagnosis; and it cannot be denied that cases are frequently met with which require the most discriminating judgment for their proper elucidation. In different diseases of the same organ, similar functional symptoms may exist in greater or less number; and unless we are sufficiently skilled in the distinctive signs which belong to them, it is easy to imagine that error may be the consequence. Hence the great value of those signs, particularly in chest diseases, which are termed *physical*, because they depend solely upon an altered or pathological condition of the organ involved. There are other symptoms too which are clearly pathognomonic, and which when detected, are of course amply sufficient to characterize the peculiar affection under which the patient may chance to labor.

With these few general remarks, the design of the present paper will be easily apprehended. I shall say nothing in regard to the treatment of those diseases brought under review, my object being succinctly to state their distinctive characters. It may not be amiss also to state, that I had occasion to make this investigation some time ago. If the opinions then expressed were true, they are true now; and if the subject has enough of interest to bear a *second edition*, it may not perhaps be without value to some member of the profession.

I shall first speak of some of the diseases of the chest. The affections of the abdominal organs may be considered hereafter.

*Pleura.*—Although the general and rational signs of pleurisy may lead us in a great many instances to recognize the true character of the lesion, yet are there cases of pneumonic inflammation, particularly in their inception, in which, without the aid of physical signs, we may mistake the one for the other. All of us have encountered cases of pneumonia, where for the first few hours there was little or no expectation; or if any, not of that peculiar kind which belongs to this

disease, and in which the pain also was as sharp and as acute as that of pleurisy. The face too, has been seen to be without that flush of vivid redness, which has been given as one of the characteristics of pulmonary inflammation; and it must be admitted by all who have had any experience in the two diseases, that it would be impossible to look for a pathognomonic sign in the condition of the pulse. Varying as this must do by so many circumstances connected with the individual, founded upon idiosyncrasy and the different susceptibilities in the chain of sympathies, it would be vain to draw a comparison so well founded as to serve as a sure and invariable guide.

Nor is this all: pleurisy occurs as a secondary lesion in some diseases, and may really become the efficient cause of death; and that too under circumstances where its rational symptoms would rarely if ever point out its existence. Besides, it is only by the physical signs that we can distinctly trace the various changes which supervene during its progress, and mark unerringly the amount of effusion and its gradual diminution. And it is within the experience of those who have had the amplest opportunities for observation, that all the local symptoms, as pain, dyspnoea, &c. may fail, while yet the physical signs may exist in their fullest extent. Latent pneumonia too, giving rise as it does to but feeble functional indications, yet sufficiently so to authorize a belief in *some* thoracic lesion, will almost always leave the uninitiated in physical signs in doubt and uncertainty.

As I before hinted, it is not my purpose to detail the *full* history of the general and functional symptoms which belong to those diseases to which reference will be made. Indeed, these will only be mentioned when it becomes necessary to state their insufficiency towards the formation of a clear diagnosis, when compared with the greater certainty derived from physical signs; and as the remarks which have just been made relative to inflammation of the pleura and the pulmonary parenchyma, may induce some little doubt as to the value of the functional signs in *all* cases, I will proceed to enumerate those which from their nature can hardly leave us in error.

Were a physician called to a case of pleurisy during the first moments of its invasion, he might probably be at a loss in his diagnosis, except he were to reason upon the principle of exclusion. The signs of all other affections of the lungs or pleura being absent, he might reasonably infer the existence of this. But he would not long remain in doubt; for it is often surprising with what rapidity effusion takes place into the cavity of the pleura, while the inflammatory orgasm in its highest degree may yet remain unsubdued. Laënnec tells us that he has occasionally discovered effusion within one hour after the commencement of the disease, oftentimes within the space of three or four hours, and that it is never doubtful after the second day.

As soon as the effusion does take place, there can be no further room for doubt. The lung, crowded towards the spinal column by the pressure of the fluid, permits the respiration to be heard only along a portion of its course, and that to the extent of some two or three fingers' breadth; above the spine of the scapula, unless the effusion be very great, and beneath the clavicle, it may also be discovered.

This absence of respiration is owing of course to the temporary obliteration of the air-cells and minute bronchial ramifications, in consequence of the pressure exerted upon them; and it is only because these last are sufficiently firm and large at their root or origin to offer the necessary resistance, that the respiration there remains audible. The lung of the diseased side being thus deprived of its power of receiving air, the opposite lung, in order to make amends as it were for the deficiency of its fellow, appears to undergo an increase of action, and the respiration assumes the character denominated *puerile*. This, when very loud and well marked, as it sometimes is, may lead the inexperienced into error; for it may be heard when the ear or the instrument is applied to the diseased side, the effusion not being excessive, and thus impose the belief that the lung is here still permeable to the air. The diagnosis might then be called in question; and unless the difference between puerile and bronchial respiration was very clearly understood and appreciated, it might even be imagined that inflammation of the parenchyma existed. The dullness of sound upon percussion would also aid such a supposition, and if *œgophony* be at the same time mistaken for *bronchophony*, as is not unfrequently the case, persistence in the error would be still more certain. But he who has once heard the full, hard and noisy sound of bronchial respiration in pneumonia, and that too passing immediately *beneath* his ear, can hardly mistake it for the loud though soft vesicular murmur of infancy; an attentive examination in the case before us will give the sensation too of the sound coming from a distance, which, as has just been intimated, is not the case when the pulmonary tissue is inflamed. It is not pretended that this state of things is of frequent occurrence. On the contrary, it is very rare, the respiration being in a large majority of instances nearly if not quite inaudible on the affected side, except at the root of the lung.

When the thoracic cavity is unaffected by disease, the application of the hand upon its sides during the process of respiration, and more particularly the act of speaking, imparts to it a peculiar trembling sensation; and if we use percussion over any of its regions, a well-marked resonance, greater in some situations than in others, for obvious reasons, is uniformly elicited. The mechanism of both phenomena is easy of explanation; the permeable parenchyma, dilating and distending itself under the influence of the introduction of the air, comes closely into contact with the sides of the chest, and the voice reverberating throughout the recesses of the pulmonary apparatus, thus causes the motatory and trembling feeling which is appreciated by the touch. The same anatomical character of the lungs to which allusion has just been made, viz. their permeability, although not rendering them hollow organs, in the strict acceptation of the term, yet makes them enough so to produce a clear resonance on percussion. When effusion has resulted, a denser medium being thus substituted for the air, which no longer finds admission into its appropriate cells in consequence of compression of the lung, the thorax loses the resonance which belongs to it in its natural state, and becomes dull when percussed.

Another physical sign, which is only observed while effusion is pre-

sent, is œgophony; nor is it then heard unless the effused fluid be moderate in quantity. From this fact we are therefore always enabled to tell if no other symptom existed, whether the effusion be excessive or not; if it be so, this sign, as we have remarked, will not be heard, and should it afterwards be recognized, an affirmative and positive indication of its diminution is established. In order to appreciate the reasons upon which these remarks are founded, it will be necessary to enter into an explanation of the production of œgophony. This sign bears some resemblance to bronchophony, and it does so because a similar condition of the lung in part is required to produce both. This condition is its greater density. When it has become more dense than natural, its pathological condition, it is true, is not the same, although its effect upon the development of the two signs alluded to may be alike. In the one case, (that of bronchophony,) the parenchyma is engorged, overloaded and impacted with blood, and the molecular or ultimate order of the tissue is obviously deranged. In the other, the density is merely the result of compression, and no other change takes place in the organic structure, than a closer approximation of its parts. This dense or compact state of the lung being established, and the result of either the one or the other cause, prevents that diffused resonance of the voice which is noted in its healthy condition; and as all more solid bodies are better conductors of sound than those less so, the voice is heard within the chest with a distinctness proportioned to the solidity. Were there no effusion, the increased density of the lung, or a portion of it, as the case might be, from whatever cause it might arise, would produce pure bronchophony; but while it exists, if moderate, the resonance of the voice is so modified by the medium through which it is heard, (the effused fluid,) that a certain trembling sensation, a sort of saccade, is distinguished, which imparts to the sign of œgophony its characteristic peculiarity. And from this explanation, we at once see why it requires but a moderate quantity of fluid to allow of its detection; if it be excessive, the medium through which the resonance would have to pass opposes an insurmountable barrier to its appreciation.

œgophony is one of the physical signs to which we may look with very great certainty in almost all cases of pleurisy; and from what has been said it may be inferred that the stage of the disease in which it is most generally heard, is that wherein absorption of the fluid has taken place to a considerable extent. But it occasionally happens, though rarely, that it is heard throughout its whole continuance; and this is owing, as dissection has proved, to the lung being held near the sides of the chest by adhesions which had formed in consequence of some former attack. During the early part of the disease, œgophony is sometimes met with before the effusion has made sufficient progress to impede its occurrence.

Another sign, the consequence of effusion, is dilatation of the affected side; and this is frequently observed a few hours after the fluid is secreted. The ribs appear to be elevated; the intercostal spaces are augmented in breadth, and in proportion to the excess of the fluid after it has reached a certain point, is the diaphragm de-

pressed; and hence it is, that very often a deceptive appearance of enlargement of either the spleen or liver is observed, and more particularly the latter, on account of its superior volume. It is undoubtedly the chronic form of the disease in which dilatation is more uniformly perceptible, and the phenomena to which we have alluded are more distinctly marked. Although always commencing early, it may not be clearly distinguishable for some little time, yet it ultimately increases to such a degree as no longer to be mistaken. All the physical signs hitherto mentioned, except œgophony, are eminently developed, and this for the reason already given. The lung, in consequence of protracted compression, appears to be nearly destroyed; its tissue is pale and exsanguineous, and its vessels and bronchial tubes are flattened. The character of the effusion is also found to vary; it is often purulent, and is of a green or yellowish color. In this state the disease is denominated empyema.

Should life continue sufficiently long and the absorption of the fluid take place, the affected side becomes contracted in its dimensions. This is the result of the slow and gradual manner in which adhesions are developed; and without entering into a minute history of the process, it will suffice to say that they ultimately assume a fibro-cartilaginous structure, and thus tend to bind down and constrict the sides of the chest. In the mean time the lung remains compressed and flaccid. The signs of this complication are, either a total absence of respiration, or it is but slightly heard, and that near the root of the lung or in its superior portion. The thickness of the accidental developments does not cause this indistinctness or absence of the respiratory murmur, as the case may be, and which might readily be inferred from a hasty examination. Dissection reveals the true cause, by exhibiting the lung in a compressed condition, and thus inhibiting the ingress of air into its cells; and the same pathological feature will abundantly account for the dullness of sound on percussion, which presents itself as another sign.

Before effusion takes place, or even while it is yet progressing—and I refer now to the more acute form of pleurisy—a thick, tenacious and plastic exudation lines that portion of the pleura which is in a state of inflammation. This is the first form of false membrane or accidental tissue, as it is called; and it is a curious circumstance in the history of this affection, that the hitherto unaffected portion of the pleura opposite to the diseased part speedily itself becomes inflamed; false membrane is here also produced, and we refer to this condition more particularly for the purpose of explaining another physical sign which is not very uncommon. In a state of health the serous surfaces of the pleura, bedewed with a thin and slightly viscous fluid, glide easily and imperceptibly over each other; but so soon as this false membrane is exuded, the situation of things becomes altered, and in proportion to the degree of consistency which it assumes, by so much is the free and easy movement of the opposite surfaces, the one upon the other, impeded. Rough surfaces are opposed where before they were perfectly smooth, and if the ear be applied, the sound elicited by their friction is easily distinguished. This has been termed

the ascending and descending friction sound; the former being produced during inspiration, and the latter during expiration. It need scarcely be said that this sign is only appreciable either before the existence of the secreted serosity or after it has been absorbed.

Partial or circumscribed pleurisy is an affection of not very frequent occurrence, for experience has proved the fact, that in a pleura already adherent, inflammation supervenes more rarely than where this is not the case. Partial pleurisies are those circumscribed by former adhesions, and seldom if ever exist under other circumstances, except in particular cases of pleuro-pneumonia and phthisis. They are generally found in the fissures located between the lobes—between the base of the lung and diaphragm—upon that part of the pleura covering the posterior and inferior portions of the lung, and between it and the mediastinum. The physical signs are, absence of respiration in the part affected, occasionally œgophony is manifest, and where the situation of the diseased part will admit of percussion, a flat or dull sound results.

*Pleuro-Pneumonia* is not a very frequent affection, if the term be adopted in its fullest acceptation, viz. where the whole of the lung and the pleura become inflamed. Where the disease exists even under this form, reason and experience teach us, quite contrary perhaps to what might be imagined at the first blush, that the patient runs less risk of his life than where the one or the other occurred alone. I shall not now relate all the physical signs of pneumonia and the pathological condition upon which they depend. Enough however will be said in order to afford a comprehensive view of the present disease; and it need scarcely be remarked, that the most complete combination of general and functional symptoms could avail nothing towards establishing the true character of the lesion.

The reason why the complication of the two is less dangerous than either the one or the other singly, is derived from the fact that the pneumonia is lessened in degree in consequence of compression of the lung by the effused fluid. Thus pressed upon, its vessels are not subjected to the extensive engorgement which would otherwise happen, and inflammation of the tissue is very much moderated; but it is not of course prevented, and this operates in its turn upon the inflamed pleura. The lung swelled and engorged, although to a moderate extent, as has been said, prevents an excessive effusion from the pleuritic surface; and the facility of absorption being thus increased, a reciprocity of good is established between the two diseases. As might well be anticipated, a dullness of sound is observed when percussion is used. For this there are two causes: First, the engorged condition of the lung, thus preventing to a greater or less degree the entrance of the air; and secondly, the existence of effusion. This not being so great as in simple pleurisy, does not prevent us from observing the sounds peculiar to pneumonia; the crepitant râle, bronchial respiration and bronchophony are all heard; and œgophony, in connection with the other signs of effusion already named, leads us to know that inflammation of the pleura is present.

A much more common form of pleuro-pneumonia is produced by the extension of the inflammation of the parenchymatous tissue towards the surface, the pleura becoming consecutively implicated. If a portion only of the lung be inflamed, the corresponding part of the pleura is alone found to be involved at first; but the costal surface, to the same extent which is contiguous, soon itself takes on an inflammatory action; and here the pleurisy is partial. One is led to suspect sometimes this state of things without resorting even to physical signs, from the sharp and acute character of the pleuritic pain. The pneumonia has continued for days, and if a proper treatment has been pursued, the pain, although it may have been severe at first, is very much moderated; and were we not aware that the pleura may become consecutively diseased, we should be surprised at this fresh accession of pain when the pneumonic symptoms themselves might be not at all aggravated.

When but a portion of the lung with its corresponding pleura is thus affected, the latter is clothed with a layer of false membrane as well as its contiguous and opposite surface; and in addition, the serous or sero-purulent secretion of pleurisy supervenes. In this condition of things the two lesions are easily discovered by their physical signs; the crepitant râle of pneumonia is of course no longer heard in this stage of the disease, but bronchial respiration and bronchophony indicate its presence. We have already given the signs of pleurisy. If the totality of the lung and pleura be inflamed, there is rarely effusion by reason of the distended condition of the former, as hitherto explained; but both surfaces of the latter are coated throughout with false membrane. The thoracic resonance becomes as dull as it is found to be in pleurisy with effusion; but, in the case of which I now speak, there is always bronchophony, and that so well marked as to bear a resemblance to pectoriloquy. Did effusion exist, this would not be the case.

A third form of pleuro-pneumonia results from the extension of the pleuritic inflammation to the pulmonary tissue, and the physical signs necessarily follow an inverse order to those of the last. Should the effused fluid become suddenly great, as it occasionally does, the probability of the complication is lessened, and the reason is apparent from what has heretofore been said. It is then, while the secretion is yet moderate, that we are to look for the signs of this form of the disease. To those of pleurisy is added the crepitant râle, which establishes the existence of pneumonia. It is discoverable towards the root of the lung, under the armpit and beneath the clavicle, inasmuch as these are the points less easily pressed upon by the effusion.

The inflamed pulmonary tissue assumes a peculiar modification from the compression which it undergoes. The inflammation is more limited in extent than it otherwise would be, and is often confined to a few lobes, consequent upon the diminution of the inflammatory orgasm; and its resolution does not take place with the same facility as does that of simple pneumonia. Its pathological character differs also from that of uncomplicated pneumonia; the induration has not the granulated appearance of hepatisation, possesses less firmness and

more flaccidity, and when a portion of it is incised, no traces of the air cells are discoverable, although the bronchial ramifications and blood vessels are easily recognized.

It is unnecessary to observe that pleurisy is sometimes double; that is to say, the pleuræ of both sides are inflamed at one and the same time.

*Hydrothorax*.—Dropsy of the chest and pleurisy resemble each other in some respects; but they are very different diseases. The affection is both symptomatic and idiopathic. The former is found to complicate both acute and chronic diseases, such as fevers, and more particularly disorders of the heart and liver. Its aggression is frequently sudden, making its appearance but a few hours, or at most, a few days before death, and may in many cases be considered the proximate cause of the cessation of life. The latter owes its origin to those causes which induce dropsy of other cavities, and is both sthenic and asthenic in its type. More frequently perhaps it is the last, and its victims are they whose constitutions have been injured by too prolonged a gratification of their animal appetites.

The physical signs which attend this disease are precisely those of pleurisy with effusion. The side is dilated, respiration is more or less inaudible, except towards the root of the lung, and flatness of sound on percussion and oëgophony exist. The lung is crowded and pressed against the spine, and no longer has the crepitating feel which belongs to it in a state of health.

The most prominent functional symptom is an exceeding difficulty of breathing. In chronic pleurisy, with a large amount of effusion even, this symptom is never so distressing as in hydrothorax; besides this, it is often paroxysmal in its character. The patient starts from his sleep as if immediate suffocation was about to terminate his life; the doors and windows of the apartment are opened, that he may gasp for air, and his agony is intense. Although the employment of the physical signs places the fact of effusion beyond a doubt, and enables us to measure its extent, yet it is from the functional and local symptoms that we are to obtain the distinctive characters between this disease and chronic pleurisy. The physical signs will indeed aid us in another point of view, for upon the functional we could not *alone* depend, inasmuch as the most important one (difficult breathing) is frequently an attendant upon other diseases; as for instance, hypertrophy of the heart and aneurism of the aorta. The former teach us that there is effusion, while to the latter we must look for the nature of that effusion—although it must be acknowledged that with every aid, it is in some cases almost impossible clearly to discriminate. As has been said, the function of respiration is carried on with more difficulty generally in hydrothorax, and the peculiar and pungent pain of pleurisy is absent. Dropsy of other cavities and of the cellular tissue of the extremities is frequently found to exist.

That hydrothorax is often an inflammatory disease is unquestionable; that it is occasionally the result of debility is equally beyond a doubt; but it would be foreign to the subject matter in hand to discuss here the general pathology of dropsy. Certain it is, that it

differs, as before said, from pleurisy most essentially; for upon an examination after death, important discrepancies in the anatomical character of the two affections are revealed. In the disease of which I am speaking, no false membranes or accidental formations are discovered. The lung, it is true, is compressed as in pleurisy, by an accumulated secretion, which is almost always a limpid serosity, never purulent, but containing occasionally flocculent albuminous particles.

*Pneumo-thorax*.—There are three distinct varieties of this affection, which some of the French authorities appear to think are of no very uncommon occurrence; their true pathology, however, has only within a comparatively recent period been correctly stated. The complication is generally met with during the closing scene of life, induced by other diseases; and in truth one of its forms at least may be regarded as the last link in the chain of pleuritic lesions.

*Pneumo-thorax* is sometimes simple; that is, the cavity of the pleura contains nothing more than an accumulation of air, and no portion of this membrane is found upon dissection to be in a state of disease. The lung is compressed in the direction of its root, in the same manner as it would be were the accumulation a liquid one; and this position of the organ gives rise to a physical sign which is observed in pleurisy with effusion. Respiration becomes more or less inaudible in proportion to the quantity of air contained, and is seldom heard except towards the spinal attachment of the lung. This, it will be remembered, is one of the characters frequently noticed in pleurisy; but a mistake can scarcely arise, inasmuch as in pleurisy the breathing is sometimes perceptible in other parts of the chest than the one just named, unless the effusion be excessive.

Percussion upon the thoracic parietes affords a loud, clear and hollow sound, and distention is observed as in liquid effusion. If the accumulation be not considerable, the sound, although louder than natural, may lead the inexperienced into some doubt as to which is really the affected side; for the healthy one giving out a duller resonance than the other, may, from this circumstance alone, be regarded as the seat of lesion. Besides, the distention of the side, unless so great as to leave no possible doubt upon the mind of any, may be thought to be quite natural, while it may be imagined that the other, although normal, is somewhat contracted in consequence of an ancient pleurisy. But these discordant circumstances will all be reconciled by resorting to auscultation. It is hardly necessary to observe that the functional symptoms are exceedingly obscure, and the reasons are obvious. Difficulty of breathing is the most prominent, but it is not pathognomonic, as it belongs to other affections.

The form of the disease just mentioned is certainly not a frequent one; the two last now to be described are oftener to be encountered. Pleurisy, latent or well marked, idiopathic or consecutive, forms the primary pathological feature. A serous or sero-purulent effusion results, and the development of air supposed to proceed from the decomposition of the secreted fluid, forms the last link in the chain of cause and effect. The original disease is known to have existed, by its appropriate physical signs which have been related. When the gas is

evolved these are varied, and an addition of others is made to them. The sound on percussion, which before the evolution of the gaseous fluid was dull, becomes changed into a clear resonance, at least in the superior portion of the thorax, and the respiration which may have been audible to a greater or less extent, depending upon causes already explained, is no longer heard. The resonance, however, varies, it must be acknowledged, according to circumstances; it may even be less on the affected side than the other, and yet the disease exist, for the liquid effusion may be so abundant as to prevent any decided resonance. But by resorting to auscultation, little or no difficulty will remain in establishing a proper diagnosis.

Another mean by which we are enabled to judge of the presence of hydro-pneumo-thorax, is that which has been denominated the hippocratic succussion. In simple liquid effusion into the thoracic cavity it is absent; but when a gaseous body is present at the same time, it may be distinctly noticed. In order to discover it, the patient should be placed in a sitting posture, and while the body is quickly though moderately shaken by applying the hands upon the shoulders, the agitation of the fluid which is thus produced is often distinctly heard by the unassisted ear or through the stethoscope.

Metallic tinkling is also one of the physical signs in this variety of the disease; but it occurs more frequently in the last, which will be presently mentioned. In order to produce it the patient must first occupy a recumbent position. The fluid is thus made to diffuse itself more or less over the surface of the affected side; and if the individual be then requested to rise, some drops of the effusion, which may have adhered to the upper portion of the thorax, will be heard to fall into the general mass of fluid which is now situated below. The sound produced is similar to that elicited from the sudden contact of two bits of metal, and hence is its name derived.

The last variety of hydro-pneumo-thorax is that wherein a communication exists between the cavity of the pleura and one or more of the bronchial ramifications, in consequence of an opening made in that portion of the membrane which covers the lung. The air which then finds access is of course atmospheric, and its presence alone, independent of any prior lesion, is sufficient to excite pleurisy. This, as in those cases of the disease idiopathically formed, results in effusion.

The lesions which may induce the communications referred to also vary; sometimes a rupture of the pleura is produced by external violence; occasionally a gangrenous eschar interrupts its integrity, and more frequently still the solution of continuity is the product of a softened and suppurating tubercle. Hence the disease is often met with during the last stage of phthisis pulmonalis; and this in truth is its most common form.

Besides the various physical signs which belong to this disease and which have been enumerated, another is revealed, which appertains solely to the form now under consideration. This is the bottle-buzzing or amphoric sound, and results from the passage of air through the fistulous opening; the noise is similar to that made by blowing into

an empty bottle. The metallic tinkling too is of more common occurrence in this than in the other form of the affection, and is produced when the patient coughs, speaks or forcibly inspires, by thus agitating the air situated above the liquid effusion. And where it does appear, after having established by other signs the existence of hydro-pneumothorax, it may be regarded as a pretty sure evidence of a tripple lesion. When heard in connection with the amphoric sound, all doubt must at once yield to the most entire certainty.

*Dilatation of the Bronchiæ.*—The researches of modern observers have proved not only the existence but the frequent occurrence of this disease. Resembling, as it does in a certain stage of its progress, phthisis pulmonalis, it is more than probable that it may have been mistaken for that affection; and the error must have remained always uncorrected during life, had not the discovery of physical signs directed us to a certain knowledge of the lesion.

Dilatation of the bronchiæ assumes various forms, and where there is a simple enlargement without alteration in the form of the branch or branches, it often requires the most careful and minute examinations to detect its presence. Where this is the character of the alteration, the dilated branch is larger than the one from which it springs, which is never the case in the natural progression towards their ultimate divisions. Sometimes the branch forms a sort of cul-de-sac, at the bottom and sides of which may be noticed the orifices of several smaller bronchiæ, which preserve their normal diameters. In other cases, the natural form of the tube is altered; a single or several successive cavities are observed in its course, and many contiguous branches may be affected in a similar manner. The mucous membrane of the diseased bronchiæ seldom or never remains in tact; it becomes generally or unequally hypertrophied, soft, and of a red or deep violet color. Occasionally the entire parietes is observed to be extremely thin, and resembles in its tenuity the pellicle of an onion. The cellular layer, external to the branch and connecting it with the pulmonary tissue, is frequently rendered firm and dense, and around the smaller ramifications, seems to be almost cartilaginous; and the intermediate parenchymatous structure is compressed, deprived of air and flaccid, assimilating itself in appearance to that condition of the lung which is the effect of pleuritic effusion. The minute bronchiæ are oftener dilated than those of larger calibre, because, in the latter, expuition is more easily performed; and in a majority of instances, the superior lobe becomes the principal seat of the affection. Rarely is the entire lung diseased.

The stethoscopic signs which result from this lesion are generally so well marked, as to leave us free from all doubt. Should a case occur wherein all or nearly all the bronchial branches are dilated, the resonance elicited on percussion would be duller than natural; for there would be pressure upon the pulmonary tissue in numerous points, and the vesicles could not receive their due quantum of air; but this in truth is very seldom observed, because it rarely happens that the disease is so extensive. Confined to a smaller space, the variation from a healthy sound is scarcely appreciated; but the respiration is bron-

chial and bronchophony exists, both referrible to the pressure exerted upon the surrounding tissue by the dilated branch, preventing the free ingress of air into the cells, and thus causing an unnatural vocal and respiratory resonance in the affected part. When the dilatation is somewhat considerable, nearly free from its secretion by recent expectoration, and the surrounding portion of the lung measurably hardened, pectoriloquy in its most perfect form is added to the signs just mentioned; thus, the first intonation of the voice is heard resounding in the cavity, and appears distinctly to pass through the instrument and enter the ear of the observer. The mucous râle with large bubbles is produced by the air rushing into the cavity, which, if it has become extensive, gives to the respiration the peculiar sound which is called *cavernous*; and the same character under similar circumstances belongs to the cough. When there is no cavity, but simply a dilatation, the resonance of cough, in consequence of the pressure, is confined and limited to the diseased part; and we have that variety denominated *tubular* or bronchial cough. If the dilatation be situated near the surface of the lung and the secretion be not too great in quantity, respiration, cough and the voice give the sensation of the *veiled-blowing*; something like a thin veil seems to interpose and prevent the passage of the air into the ear; the superior or external wall of the cavity must be thin, and free from compression and hardness. Diffused bronchophony is heard when the dilatation extends to several neighboring branches, and is not very great in any.

The functional symptoms are wholly inadequate of themselves to establish the diagnosis. The pulse is scarcely ever disturbed, and respiration is performed as usual, unless the patient uses active exertion. The expectoration is at first mucous, ultimately puriform, and occasionally it is passed up in large quantities. When there exists a large cavity, the stethoscopic signs denoting its presence are exactly those of a tuberculous excavation; and how are we to distinguish? In the first place, if phthisis were the disease, we should almost certainly have the physical signs of tubercles in their various stages of development in other portions of the lung, or in both lungs; for when excavations have formed in the superior, they (the tubercles) very constantly exist in their crude condition to a greater or less extent in the inferior lobes. Another important distinctive character is, that in dilatation of the bronchiæ, there is little or no *emaciation*; while in phthisis, the function of hematosis is so seriously deranged, that it sooner or later supervenes.

The cause which seems to predispose the bronchiæ to become dilated, is the prolonged continuance of catarrh; and as it depends too upon the *amount* of expectoration, the disease is observed to succeed with greater certainty to the chronic and mucous form of that affection. The secreted matter remaining in the bronchial branches for a certain time, necessarily tends to expand and dilate them; and as the natural tone of health is diminished more and more by the persistence of their catarrhal condition, the dilating influence of the collected sputa increases imperceptibly from day to day. This influence is continuous; for no sooner is expuition of the contained secretion accomplished, than a new collection occupies its place.

It is perhaps not easy to explain why pressure upon an organized and vital part should produce the very opposite conditions of hypertrophy and tenuity; that the fact is so in the case under consideration we have a right to believe, because the agent is clearly discernible, and the minutest enquiry has hitherto been unavailing in detecting any other. Thus it is that an extreme thinness of a branch is sometimes observed on the one hand, while on the other hypertrophy with dilatation results—both in the present condition of our knowledge referrible to the same cause. Hypertrophy, however, occurs from a simple increase of nutrition; and this circumstance has led M. Andral to imagine that in the case of a dilated bronchus, it may sometimes be viewed as the first link in the chain of causes; an augmented secretion of the affected part supervenes, and dilatation follows.

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**Report of a Case of Meningitis, with Remarks on the use of Opium in Inflammation of the Brain and its Meninges.**

BY D. W. BRODNAX, M. D.

[Read before the Greensborough, Alabama, Medical Society, and published by its request.]

October 28th, 1850, I was called to see William W——, aged 10 years, at 2 o'clock P. M. He had had whooping cough for three weeks—was taken on the preceding Friday, three days before I saw him, with vomiting, which had been almost incessant. His father thought it was occasioned by the irritation of a 25 cent piece of coin, which had been accidentally swallowed some twelve months previously. So firm was this conviction, and overwhelming the despair occasioned by it, that he delayed sending for me for three days; and when I arrived, thought it utterly useless to harass him with any remedial attempt, as the cause could not be removed, and the result must be, he supposed, necessarily fatal. Having been under the almost constant surveillance of a doating mother, and being a very tractable and obedient child, his parents were entirely satisfied that he had eaten nothing that could have produced such a derangement of his stomach. When I first saw him there was a slight remission of vomiting, apparently from sheer exhaustion; but although he complained of much thirst, as soon as he attempted to gratify it, his stomach rebelled; and the simple mention of medicine was enough to occasion retching. His face was pallid, but there was no anxiety of countenance; his eyes were generally closed, and his features natural. His respiration was intermittent, sometimes being quite hurried, and then quite slow; sometimes hissing, then sonorous, then soft and natural. His position was frequently and abruptly changed from side to side, with quick and sudden tossings, which made it necessary for one or two persons to stand by to retain him in bed and to adjust the cover. His skin was dry and moderately warm; his pulse 100, soft and compressible; the pupils enlarged. There was no fulness nor tenderness on pressure over any part of the abdominal cavity; no pain was complained of anywhere—auscultation and percussion indicated a perfectly healthy

condition of the lungs. He was perfectly conscious when spoken to, and would answer correctly any question addressed to him, although otherwise he seemed not to notice anything passing around him. Having ascertained that the fever was higher, and the vomiting more harassing about 12 o'clock each night, and finding it utterly impracticable to administer medicines by the mouth, I directed,  $\mathcal{R}$  Quinae sulph. gr. jii, tinct. opii camph. gtt. x., mucilag. amyli  $\mathfrak{z}$ j— $\mathcal{M}$ . Ft. Enema, to be administered immediately, and repeated each two hours till 12 grains quinine had been given. Whilst this was being prepared, I cupped him freely over the epigastrium, and followed the cups by sinapisms, and at the same time had cold applications applied to the head.

October 29.—Was called in haste to see my patient, and a messenger was despatched for my friend Dr. Barnum.  $7\frac{1}{2}$  o'clock A. M. The enemata had been but imperfectly retained, and had only postponed the rise of fever and vomiting till 2 o'clock A. M., when he also became delirious. When I reached him these symptoms had been somewhat mitigated by the application of cold to the head and sinapisms to the epigastrium. I again cupped him, and applied the cold dash; and by the time Dr. Barnum arrived, about 10 o'clock A. M., he was composed and free from delirium and vomiting. He, too, after careful investigation, could discover no inflammation anywhere; and we came to the conclusion that the symptoms were occasioned by excessive nervous irritability, characteristic of his family, attending an attack of bilious remittent fever. (I should have mentioned before that the matter thrown up was sometimes clear bile, sometimes merely the fluids taken into the stomach.)  $\mathcal{R}$  Hydrag. chlor. mitis gr. vi. morphiae sulph. gr.  $\frac{1}{4}$ — $\mathcal{F}$ t. pil. stat. sum. To be repeated in three hours. He retained this prescription with great difficulty, and some moisture of skin followed its use.  $\mathcal{R}$  Quinae sulph. gr. xii. morphiae sulph. gr.  $\frac{1}{4}$ — $\mathcal{F}$ t. pil. vi., quarum tres sum. ad. h. 9, et tres ad h. 12. So great was the difficulty in getting him to take this that it was not till 10 o'clock P. M., that the first dose was retained; the second dose was retained more easily, and in half an hour after taking it he fell into a quiet slumber. At 2 o'clock A. M. of the 30th there was considerable moisture of the forehead, chest and arms; his pulse was 90 and soft; and as he was still sleeping quietly, and had passed the time of the usual exacerbation by two hours, I laid down on a couch in his room well satisfied with his condition. In half an hour I was startled by a sudden and piercing scream from my patient, and on hastening to his bedside, I found him completely convulsed, his head thrown violently back, his limbs rigid and stiffened, his hands clinched, his teeth firmly locked, and his eyes turned up so that but the lower edge of the iris could be seen. After frictions with dry mustard had been for half an hour diligently applied to the extremities, he was so far relaxed that his teeth could be prised open with a spoon, when some toddy was administered, and from time to time repeated till the spasm was relieved. There was now complete unconsciousness, excessive jactitation and frequent moaning. He would toss from side to side, and throw his hands and feet about with

a force that required the strength of a man to restrain; the pupils were still dilated; the skin soft and perspirable, the pulse 100, soft and compressible. A blister was applied to the epigastrium, one to the nape of the neck, and  $\frac{1}{6}$  of a grain of sulph. morphine given, in mucilage, each half hour till one grain had been taken, without any abatement of symptoms; when, after an intermission of half an hour, Dr. B. having arrived, we repeated the morphine till  $\frac{3}{4}$  of a grain more had been taken, with but little effect save the prevention of the convulsions. The jactitation continued incessant, but not so violent, the pulse still remaining about 100, soft and compressible. *R. Acidi hydrocyanici gtt. vi. mucil. acaciae ℥jii. solve, cuj. coch. mag. sum. g. h. 2da.* Cold dash to the head. This produced a very slight abatement of symptoms, and of short duration. We then put him into a warm mustard bath up to the hips, and on taking him out again administered the cold dash, the effect of which was sustained by the application to the shorn scalp of bladders filled with cold water, frequently renewed. This produced temporary quietness, which was sufficient to enable us to cup him on the temples, which was done to the amount of 6 or 8 ounces.

Five o'clock P. M. Though completely unconscious, has been quiet since last visit, till an hour ago, when he became restless, incessantly drawing up and thrusting out his right arm and leg, with almost perfect regularity, which continued for several hours, the left arm and leg seeming to be paralyzed; pupils dilated, pulse 100, soft and compressible. Cold dash to head, cups to temples, bladders of cold water to scalp; prussic acid continued. An enema was given, which brought away a considerable quantity of brown, fecal matter. During that and the following day, the 31st, his condition remained the same as at the last visit; and the treatment consisted in the unremitting application of cold to the head, by means of bladders filled with cold water, frequently renewed, when he was sufficiently quiet, and when restless, the cold dash—prussic acid in doses of one drop each two hours; the frequent application of cups to the temples, taking, by means of them, from 4 to 6 ounces of blood daily—and an occasional enema, which always brought away dejections of the character above described.

On Friday, the 1st November, there were some symptoms of an amendment. His eyes were observed to follow for a short time the movements of those who attracted his attention, and in the afternoon he partially protruded his tongue whilst looking at his mother, apparently to shew her that it had been bitten in the spasm on Tuesday night, and was quite sore. Taking that occasion to observe it, I found it dry, and covered with a thick, brown coat. Prussic acid discontinued. The intervals of consciousness were of short duration during that day and night, and were quickly succeeded by apparent sleep, which was not disturbed by noise. We took advantage of them to offer him some nourishment, a spoonful of which he would swallow. These intervals were more prolonged on Saturday, when he, for the first time, spoke, asking for water, which he incessantly craved for twenty-four hours. Being much in the habit of indulging the urgent

cravings of nature, I allowed him to drink *ad libitum*, after having tried the condition of his stomach by smaller draughts, and was quite pleased with the effect; his skin becoming soft and perspirable, his tongue moist and clean, and the whole improvement marked and rapid. I also allowed him beef tea, light farinaceous preparations, and some ripe fruit, which he very much craved. The cold applications were gradually withdrawn; but at 6 o'clock P. M. of Saturday, the 2d November, he again became delirious, and was relieved by two or three cups to the temples, the cold dash, and bladders of cold water to the head. On the 3d he was able to converse a little; and with occasional intervals of delirium, of short duration, produced by too high a temperature of the room, or too much food, he gradually improved till the 6th, when I discharged him cured.

During the two first days of the treatment of this case, we were deceived by the absence of all signs of inflammation in any of the organs (for we quickly discovered that the stomach, though excessively irritable, was not in a state of inflammation) into the diagnosis of "excessive nervous irritability attending bilious remittent fever;" but when we perceived that the symptoms were not relieved by treatment which we deemed adequate, were our diagnosis correct, we came to the conclusion that it must be a case of meningitis. A more minute enquiry into the history of the case confirmed this diagnosis, for we found that for some days before the attack, he had complained of dizziness of the head, and his temper, having been remarkably gentle and quiet, had become quick and irritable. The case was then however so much protracted, and such was the condition of the pulse, that we did not feel authorized to use the most powerful remedy for meningitis, viz. v. s., and we had to rely on local depletion by cups and the application of cold to the head, which having been unremitted for three days and nights, at length subdued the inflammation. How much of the effect is to be attributed to the prussic acid, I cannot determine. It is nowhere recommended in such cases, but knowing its prompt and efficient powers of depressing nervous irritability, we were induced to try it. I am disposed to attribute to it a considerable share in the happy result of the case. The morphine was given under an erroneous diagnosis; but, although in direct contradiction to scholastic teaching, I am not prepared to say that it would have been a bad prescription, that it should not have been pushed farther, had we known the true state of the case. Opium (I use the name generically) is prohibited by the books in inflammatory diseases of the brain and its meninges, and especially for the relief of delirium and convulsions, generally symptomatic of such diseases. But its effect, when given in sufficient doses, is to depress nervous energy; and as the circulation is controlled by nervous influence, it must partake of that depression, and its activity be diminished. Such an effect would, in any view of the cause of delirium and convulsions in meningitis, cerebritis, &c., tend to their relief. When the inflammation is very great and the circulation very active, I would not rely on opium alone to allay the consequent nervous irritation, but would precede it by the lancet, which would enable the opium to act more efficiently, in smaller

doses. Opium is highly recommended in inflammation of other organs and serous membranes—the liver and pleura for example; and were the mind left to itself to discover from analogy the treatment proper for inflammation of the brain and its meninges, it would certainly be directed to opium as a most efficient agent. I know, from long experience, that it acts most efficiently in allaying the nervous irritability (which often, especially in children, amounts to convulsions) which exists in the hot stage of remittent fever, when, according to the books, there is a determination of blood to the head, and a condition, which, though transient, is analogous to meningitis; and although I regard this pathology as incorrect, yet, being that taught by the books, it is, as far as they shew to the contrary, a case in point. Guided by the received scholastic teaching, few physicians will venture to give opium in the hot stage of intermittents—a condition often of great distress and suffering; when, especially in conjunction with mercurials, which counteract its tendency to arrest the secretions, it deprives the malady of its terrors, and immediately relieves the sufferings of the patients. Dr. Stokes, in his very valuable work on the Practice of Medicine, (*vide* Stokes & Bell's Prac. of Med., 2d vol., p. 473, 4, 5,) expressly prohibits the use of opium in meningitis, for two reasons, the second of which (which I shall first notice as being more immediately connected with my foregoing remarks) is, to use his own words, “from its well known tendency to add to the existing cerebral congestion.” (Op. Cit. p. 475.) If he use the term “congestion” in its usual acceptation, and mean to express that passive condition of the brain in which its energy has been overwhelmed, and it is incapable of transmitting the blood sent to it, it is not the condition I have been noticing, for such a condition does not produce delirium and convulsions, but coma and paralysis. But as he had nowhere alluded to such a condition of the brain, but was treating of its acute inflammation, I presume he means to express that condition in which the blood vessels have been distended beyond their capacity by the *vis-a-tergo* of an inordinately active circulation. I have endeavored to shew how opium, in doses adequate to depress the energy of the nervous system, in a given case, and thereby diminish the activity of the circulation, would tend to relieve that condition, and will not farther notice that objection. He does not himself much insist on it. His first reason is the only one on which he particularly insists; and if it can be shewn to be fallacious, his opposition to the use of opium in such cases will appear to be groundless.

He regards delirium and convulsions as relieving the brain of its excessive nervous energy, just as diarrhoea relieves the mucous membrane of the bowels of the excessive engorgement; and asserts that if in either case the secretion be checked by the use of opium, the inflammatory condition will be aggravated. (Op. Cit. p. 473.) Now, with all due deference to so high authority, I cannot see the analogy between the two cases; for even if we admit with materialists, that thought and will (for delirium is but *perverted thought*, and convulsions *excessive and perverted will*) are secreted by the brain, it cannot be shewn that they can be retained in the secreting viscus in accumu-

lating quantities; for, if this were so, it might be very possible for a man to think so hard as to burst his skull; and who ever heard of such a phenomenon? The brain could not conceive a second thought nor a second motion of the will, without, *ipso facto*, being relieved of the first; and as it does not require the agency of the mucous system to be *emulged* from the brain, there might be no outward manifestation of such conception; if so, there could be no thought conceived, nor motion of the will, without its being made manifest by the blabbing of the tongue or the responsive action of the extremities; or else, by accumulation, producing coma or paralysis.\* But the brain does not elaborate blood into the manufacture of thought and will, as the liver into bile, and the kidneys into urine; for, if this were so, we could understand the connection between mind and matter, which is not given to man; nor does it, consequently, when an excessive quantity of blood within certain limits is sent to it by increased efforts, manufacture a greater quantity of thought and will, as we see those organs have their proper secretions under like circumstances. The increased flow of perverted thought, delirium, and the excessive and perverted action of the will, convulsions, which are produced by different degrees of inflammation of the brain and its meninges, are produced by the irritation of the distended blood vessels acting mechanically, just as any other body of the size of the blood vessels would act, if it could be introduced into the same situation. The blood is sent to the brain to preserve its vitality and its animal organization, and in the performance of their functions, the meninges separate from it a portion of its serum. If the quantity of blood be more than is required, and yet not enough to distend the capillary vessels of the meninges so much as to force through them, or extravasate so great a quantity of serum as to overwhelm the brain by pressure, there will be delirium or convulsions, according to degree; but if the quantity extravasated be so great as to produce a pressure beyond the point of delirium and convulsions, there will be coma or paralysis. In each case the effect is mechanical, and the different effects are the results of different degrees of pressure.

If my position be correct, opium, by lowering the energy of the nervous system, and consequently, the activity of the circulation, would relieve the blood vessels of the brain of their distention, and would, consequently, allay delirium and convulsions. Dr. Stokes admits that it will have that effect; but regarding delirium and convulsions as proper secretions of the brain, which by accumulation would increase its engorgement, he condemns its use; a position which I humbly think I have shewn to be fallacious. Even admitting it to be true,

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\* Memory may be adduced as antagonistic to my position, as an instance of the accumulation of thought without oppression of the brain. But memory is not an *accumulation* of thought, but a habit which the brain acquires of recalling a thought or train of thoughts which had once impressed it, each thought of the train passing off as the succeeding thought comes into view. Two thoughts cannot occupy the brain at the same time. If memory be an accumulation of thought, and thought a *secretion* of the brain, so far from opposing my position, it would be an insuperable argument in favor of it; for it would prove that thought could be indefinitely accumulated without producing oppression of the brain, and that, consequently, opium may be given to allay delirium without the danger of producing coma or paralysis.

opium, by lowering the energy of the nervous system on which secretion depends, would deprive the brain of the power to secrete the fluid, the escape of which through the nervous ramifications produces, according to him, the salutary effect of delirium and convulsions; and the fluid not being secreted, could neither escape, producing delirium or convulsions, nor accumulate, producing coma or paralysis.

The case above reported to you, was one in which the true disease was marked, and rendered latent, by the sympathetic affections of the stomach. In our autumnal diseases we frequently see this action inverted, and a disease of the stomach marked by a sympathetic affection of the brain. It will be seen that for four days there had been no pain, nor delirium of consequence. There had been excessive gastric irritability, with a *slow, soft*, compressible pulse; and although the pulse in meningitis may admit of all varieties, *pain* and delirium are generally marked characteristics, till effusion has taken place, when there is coma or paralysis. Even pain and delirium are not always present, (as in this case, until the fifth day, when he became delirious,) when the difficulty of diagnosis is very much increased. The case is also remarkable for the periodicity of its exacerbations, a circumstance which also led off on a false trail, and very much increased the difficulty of diagnosis.

I have not attempted to treat meningitis systematically, for it can be found in the books much better done than I can do it; and will, in conclusion, only say, that when cases of great gastric irritability persist in obstinacy in spite of active treatment addressed to the stomach, look to the brain, and the seat of the disease will be found there much more frequently than I believe is generally suspected.

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### **A Case of Injury from a puncture made in the Scrotum and Groin, by a Stick Weed—Operation.**

BY P. C. SPENCER, M. D., PETERSBURG, VA.

Master T. P——, aged 8 years, of this place, in the fall of 1836, was in eager anxiety to get over a fence, and leaping from the top down, received, as he passed, a stick weed, entering the lower portion of the right scrotum, and passing in front of the testicle. It continued its course upwards and in front of Poupart's ligament of the same side, penetrating between the two oblique muscles, nearly in a straight line upwards, and six or eight inches in length. It was so completely imbedded in the parts, that to ascertain its course, it was necessary to relax the wall of the abdomen by position. It could then be traced by the hardness and firmness underneath the fingers; and by making an incision three or four inches long over the indurated parts, the offending body was reached and removed. It measured five inches, and was believed to be the whole of the extraneous body; but in an after and closer search of the wall of the abdomen, a parallel hardness was found, but of much less importance than the one operated on; and as it was doubtful whether any of the offending body remained, a second operation was declined. The parts were dressed by ap-

proximating the edges, and holding them together by adhesive plaster and bandages, and he was placed in the recumbent position. In eight or ten days he recovered entirely, as was supposed; but some weeks afterwards, when the suppurative process took place, fragments of the stick weed passed out, which accounted for the hardness in the wall of the abdomen after the principal offending body had been removed.

The subject of this operation recovered entirely, and enjoys perfect health.

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### A Case of Intestinal Obstruction from Worms.

BY THOMAS DUNN, M. D. OF FRANKFORT, HAMPSHIRE CO. VA.

June 19th, 1851.—I was called in haste to visit an interesting little girl, daughter of Jas. G. Lash, Esq. of our village, ætat 6 years, delicate make and constitution, black hair and eyes, nervous temperament, cheerful and sprightly. She has had several attacks of convulsions heretofore, from improper diet and worms irritating the bowels. At these times I have always attended her. Although seriously menaced, she has always partially recovered from these attacks. She was taken some two weeks since with diarrhœa, which is epidemic here, and has been for some weeks. Her parents undertook to treat her, with two or three others of their children. She had taken *ol. ric.* and *tinct. opii* several times, 3 doses of calomel, decoct. *rad. spigelia*, &c. and had passed several worms. I was called in on account of her bowels not moving under the influence of the above medicine, and that she had called their attention to a considerable tumor in the abdomen, tender to the touch, from which colicky pains diffused themselves over the abdomen. Her stomach had also become irritable and rejected the medicines, &c. and her bowels had not moved for 30 hours. On examination her pulse was quick, not much tension, tongue covered with yellow mucus, white underneath, narrow and pointed, rather red at the edges, not very dry, skin rather dry, and warm abdomen—general intumescence moderate. The tumor above alluded to was situated in the right lumbar and hypochondriac regions, extending from about the head of the colon up under the ribs above in a gentle curve. Its base or large end was below, and it grew smaller as it passed upwards. Its length was six or seven inches, and as thick as my wrist; towards the lower end its surface was irregular and knotty. Its touch gave the idea of something pretty solid, yet elastic, quite tender, though not discolored from inflammation on the surface. It seemed to be attached to some internal organ; but upon insinuating my fingers under its edge, I found it could be moved with facility. On mature deliberation, taking the patient's former habits into account, my diagnosis was, *obstipatio*, with threatened *ileus*, from a mass of convoluted worms mechanically blocking up the alimentary canal at or near the ileo-cœcal valve and *caput coli*, &c.

R Hydrarg. chlorid. gr. iv. every four hours; infus. senna et man. in aqua menth. virid; decot. rad. spigel. As much of these articles as the stomach would bear; injections of salt water between every dose of calomel; sinapism of mustard to the epigastrium; cloths wrung out of hot spirits to the tumor and lower abdomen.

At 9 P. M. Visited her again—bowels had not moved—she had kept all the medicine given—injection retained without anything else—she had been on the close vessel several times—a little more tension about the abdomen—tumor about as it was—ordered the same course kept up through the night.

20th, 6 A. M. Visited her again—things pretty much as they were last night—bowels had not moved, although she had taken the medicine freely, retained it, and had several injections—she had been up to the vessel several times—nothing passed save what had been thrown up the bowels—abdomen more tumid—more fever—tongue more contracted and dry—red on the edges and point—not much resistance in the pulse, though irritable and quick.

R Hydrarg. chlorid. gr. iv. continued as above; decoct. rad. spigel. continued also; ol. ric. a large spoonful; ol. terebinth. rect. tea spoonful. These articles to be given between each calomel powder—fomentations to the tumors and abdomen continued.

12 M. Visited her again—found her as I left her in the morning—she had retained all the medicine—been up often to the vessel, but nothing passed except what had been thrown up—tension of the abdomen increased a little—tenderness of the tumor also increased a little—more general uneasiness. I concluded to give her the injection myself, and placed her on her mother's lap, so as to relax the abdomen, with a view to distend the bowels as much as possible with safety. I introduced the point of the instrument, but had scarcely moved the piston, when by an involuntary effort, the bowels moved slightly, upon which I desisted. I found that matter had passed from above the stricture in a small quantity. In a few minutes they moved again more freely, with several lumbrici dead and stiff—in an hour or so they moved the third time still more freely, with a knot of convoluted lumbrici, 29 in number, upon which the urgent symptoms abated considerably. The tumor could still be felt distinctly, although the tension and tenderness had much abated. Ordered the course continued through the evening.

6 P. M. Bowels had moved several times, worms passing in every stool. She passed about 65 altogether this afternoon. Ordered the medicine at more distant intervals, 6 hours.

21st.—6 A. M. Much improved—bowels moved two or three times through the night—worms still passing in every stool. I now substituted the infus. sen. et man. for the ol. ric. and turpentine—the rad. spigel. continued—all general intumescence of the abdomen had now disappeared—the tumor was still to be felt, but very much lessened. Sensibility not much on pressure. Under this course she improved, passing off worms for several days, until she passed upwards of 100. At this time, 27th, she is playing about with the other children as lively and sprightly as ever.

We take the liberty of publishing the subjoined extract from a private letter from Dr. Dunn. We are glad to say that we have received many letters from different parts of the state, shewing that the work of organization is going on, and that societies are being formed.

DEAR SIR:—I had the above case under treatment, when a medical friend handed me your May No. of the *Stethoscope*. I was struck with the analogy of it to the one published by Dr. Joynes of Accomack county, in the above Number. The symptoms much the same—the locality of the obstruction different in his case—the obstruction no doubt was in the ileum-intestinum mem. in the lower part of the same bowel, where it ends in the colon and also in the ascending colon—about the ileo-cæcal valve seemed to be the most solid and tender part of the tumor. As this case has the same bearing as his on those pathological subjects brought up in his observations, you can publish it if you think proper to do so. Verminous diseases are common in this country. Diarrhœa is epidemic here, mild in character and easily controlled if prudently managed, but assuming a dysenteric shape if trifled with.

I am fully impressed with the importance of state organization, and the other subject touched upon in connection therewith, in the above Number, and hope you will continue to press these subjects on the profession. I have been trying to organize a medical society in this and Hardy counties for some time, and as there is more stir on the subject at this time than usual, I think it will soon be effected.

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### **Prophylaxis of Puerperal Peritonitis.**

BY GOODRIDGE A. WILSON, M. D., RICHMOND CITY.

The prevention of disease is the highest exercise of the medical art. We would withhold no praise from the skilful pilot who safely steers his vessel amidst dangers which threatens its destruction. But that must be a higher science and a nobler power which averts calamities rather than enabling us to bear them and live, and which removes the hidden dangers which beset the pathway of life, instead of merely strengthening us for a painful, doubtful conflict.

Such a system of medical prophylaxis, based upon intimate knowledge of the laws of life, and the causes and modes of death, is the highest ambition of the medical philanthropist, and the nearest approach which mortals can ever make to that power which spoke the "withered arm" into strength.

It will not be contended that we have as yet attained much progress in the science of prophylaxis in the enlarged sense of the term.

Secret endemic and epidemic influences still devastate the world, extending from section to section and continent to continent, gathering strength, and scattering death in their progress, despite of quarantine regulations and "cordons sanitaire."

To give exemption from such pestilences presupposes a knowledge

of the nature of causes, which defy all efforts at analysis, and are only presumed to exist from their effects.

We have no art to extract the poison from the tainted breeze, or power to place a sentinel at the citadel of life, to challenge the ingress of hurtful agents—all attempts of this sort are as impotent as the talismen and magical incantations of ancient superstition.

But have we not some right to expect that the rapid advances now making in organic and inorganic chemistry, and their agencies in the phenomena of life, will dispel the mists from this subject, and unfold to our view a higher philosophy.

But though thus ignorant of proximate and predisposing causes, the medical man must not relax his efforts to mitigate the calamities of the pestilence “that walketh in darkness.”

He may do much in an humbler sphere. By patient observation of the laws and phenomena of disease, a rigid analysis and skilful interpretation of symptoms, he may do much towards breaking the force of the fell destroyer—“scotch the snake if not kill it.”

The remote cause of Asiatic cholera is as much a mystery as when it commenced its ravages in the delta of the Ganges—like a bird of evil omen, “it goeth where it listeth,” stultifying our wisest predictions, but never failing to disappoint us in its absolutely unmanageable character when fully developed. Still it will not be contended that the dearly bought experience of the world is of no avail in this disease.

Dietetic regulations, avoidance of what has been ascertained to be the ordinary and immediate exciting causes—above all, the discovery of the fact, that in a large proportion of cases, this mighty giant has an embryo existence when it may be shorn of its strength—these together have unquestionably done much to lessen the number of its victims. In the application of his knowledge in these particulars, the cultivator of medicine has a wide field for the exercise of his humane profession.

By patient observation and assiduous attention, he may learn how, and where and when to watch for an insidious enemy—to detect the first blush of disorder—and fend off mischief, which all the resources of science cannot repair.

The truth of the above remarks is strikingly exemplified in most of the disorders incident to the puerperal state, and by none of them more forcibly than puerperal peritonitis. To this formidable malady all parturient females are liable from the simplest natural to the most protracted complicated labor. Indeed when the pregnant state, with its pathological proclivities, is intelligently considered—the violent convulsions of labor—the nervous exhaustion—anxiety of mind—the changes to be effected after the parturient act—the cause of wonder is that so many escape the assaults of violent inflammation. Peritonitis in such subjects usually runs its course with great rapidity—once setting in, the whole peritoneal lining of the abdomen is speedily involved. The distinguished Dr. Meigs forcibly likens it to a “*prairie on fire*.”

The disease is admitted on all hands to be exceedingly difficult to manage, a large proportion terminating fatally under the most favorable circumstances of treatment. The time for the interposition of

efficient rational means is limited to the first 12 or 14 hours of the assault.

With these facts it is no wonder that puerperal peritonitis should be a "word of fear" to the practitioner. Who that has witnessed its ravages fails to experience the truth of the homely adage that an "ounce of prevention is worth a pound of cure."

The writer has lately read an article in the *Stethoscope* from the pen of Dr. J. P. Mettauer on this interesting subject. This distinguished surgeon relies with great confidence on the prophylactic powers of purgation. He recommends their administration within a few hours after delivery—more remotely after delivery—and in all cases of delivery.

The observation and experience of the writer had led him to a different conclusion and a different practice. Indeed he is forced to regard the almost universal custom, as practised by nurses, of dosing all their lying-in patients with purgatives in some short time after delivery, as the immediate exciting cause of this formidable complaint, as well as other accidents of a less grave character.

The following abstract of two cases, which occurred early in my professional life, will serve to illustrate my views, as I am sure subsequent experience has sustained the deductions and practical indications deducible from them:

*Case I.*—M., a robust, healthy woman, slave of Mr. H., was delivered of her second child on the night of the 6th of December 1839. Nothing unusual characterised the labor. On the 8th, (the patient doing perfectly well,) the nurse gave her a tablespoonful of Epsom salts. This dose operated with great harshness during that night and the next day. On the night of the 9th, the patient, whilst at stool, had a severe chill, followed by high fever, with intermittent pains in the abdomen. These symptoms increasing, on the 10th I was desired to see her, and found her on the morning of the 11th as follows:

Lying on her back, knees drawn up, skin hot, abdomen exceedingly tender, swollen and tympanetic; pulse about 140 per minute, small, somewhat tense; lochial discharge scant; mind wandering; no purging during the night, the patient having taken an opiate. Although so late, I determined to give her the chance of benefit from blood letting. It was accordingly practised, and carried as far as the patient's strength would warrant, without any improvement of circulation or general and local symptoms. A large blister was applied to the abdomen, with directions to follow with fomentations.

12th. Found my patient worse; delirious all night; face and neck bedewed with perspiration; pulse very rapid and small; slight discharge of urine; no accumulations in the bladder; countenance cadaverous. I need scarcely add that my patient did not survive the next twenty-four hours.

*Case II.*—Mrs. D., aged 32, a delicate, nervous woman, mother of three children, was delivered, on the 13th of February 1841, of a healthy child. Nothing unusual occurred until the 16th. On that day she took a dose of oil, which produced hypercatharsis for near twenty-four hours. On the 17th, she had rigors, followed by high

fevers and pain, supposed to be after pains, and for which she took camphor and paretoric. On the 18th I was desired to see her, and gathered from her neighbors the above history. She told me the medicine had operated very much, and she feared she had taken cold. I found her with all the symptoms of extensive puerperal peritonitis.

I need not detail the particular efforts that were made for my patient's recovery; suffice it to state that they were all unavailing, and my patient died on the 21st. Now, is it not fair to conclude that the purgatives had a powerful agency in developing the frightful disease which shortly ensued?

In both cases they were administered without any special demand, but from a prevalent idea that all patients ought to be purged shortly after delivery.

Why should such a patient be subjected to the perturbing influence of agents the measure of whose effects we have no means of estimating? Would it not be safer to inculcate the opposite doctrine and practice, if any general rule *MUST* be laid down? After labor is completed and full contraction of the uterus secured, enjoin perfect quietude of mind and rest to the bodily functions—*rest, rest*, the great restorer of enfeebled and debilitated organs. What good can result from throwing the whole abdominal viscera of a patient on the verge of peritoneal inflammation into violent commotion? Who would prescribe active exercise for a knee-joint in danger of inflammation?

One single observation will close this paper. Error and mischief almost uniformly result from efforts at too great a generalization in practical medicine. With such an endless variety of constitution and temperament, each case must at last be managed on its own individuality. In the language of the venerable Dr. Chapman, "He who would practise medicine successfully must attend to the states of the system and prescribe accordingly."

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### Observations on the condition of the Blood in certain Diseases.

BY MARTIN P. SCOTT, M. D. OF RICHMOND CITY.

[Read before the Medical Society of Virginia, at its July Meeting.]

Dr. Meriwether, in his paper on the value of an increase of fibrine in the blood in different diseases, as a guide to treatment, concludes by saying, that he has established that this *alone*, taken as a guide, would lead to gross errors of treatment. I should not now trouble the society, but that this article was looked upon as a reply to a position advocated by some of us when the subjects of scarlet and typhoid fevers were under discussion before you; and it might be supposed, if nothing was now said, that we had on that occasion attempted to maintain the position that is refuted in the article now before us. I wish merely to say that if such was the doctor's object, he has put himself to a vast deal of unnecessary trouble in examining the various analyses of the blood which have been made by the distinguished men of our profession. He might have saved himself the labor of

reading Andral's work, or examining Chelius, or hunting over Cyclopedias of medicine, had he chosen first to inform himself of the points raised at previous meetings and advocated. No such ground was taken that we should be guided solely and wholly in the treatment of all diseases where this excess of fibrine exists by this sign alone; as well might he make us all humoralists and place all diseases in the blood, and that the bad humors of which should be eliminated before a cure could be effected. No one, I imagine, could be found in what is called the regular medical profession, who would be willing to say that he looked upon any *one* symptom or sign to guide him, and that he would follow it no matter what the other circumstances of the case might be. There has been a time when all diseases were by some supposed to have their origin in the stomach—by others, that the solids were always the seat of disease. The humoralists ascribed every malady to some change wrought in the blood. Taking such views, there might be found some who would always follow a particular course, no matter under what circumstances. The Broussaist would direct his remedies to the stomach; the solidist would always be possessed with the idea that he had an inflammation to contend with, having at the same time a somewhat vague idea of what was an inflammation, supposing at any rate, be it what it may, he must attack it boldly, vigorously, armed with the lancet in one hand and redoubtable calomel in the other. The humoralist would discourse learnedly upon the blood, tell us its importance in maintaining life, in supplying the materials for the reproduction of tissues; in disease he would direct his remedies to getting out the humors which have diseased this fluid and thus contaminated the whole system. Following the theories which located all diseases in any one part, comes the quack with his *one* remedy, his cure all. The Thompsonian sweats out the humors; the Hydropathist washes them out, and the Homœopathist gets them out by hocus pocus; and as offshoots from these respectable parent stems, we have the Peters and the Brandreths with pills and panaceas; herb doctors *et id omne genus*, all of whom have some particular theory of disease, and most of whom pretend to purify the blood by their particular remedy, revealed to them in the most mysterious manner, and only known to themselves.

Now, relying upon one sign in treatment of disease, without having regard for the attending circumstances, is to me closely allied to relying upon any one pill or nostrum to cure a disease. One follows the other as naturally as an effect a cause; and for this reason, I wish to correct the doctor, and explain to him the position we took when the question whether scarlet or typhoid fevers were inflammatory in their nature, came up for discussion. In this age of advancement and improvement in every art and science, the science of medicine has not stood still. We too can boast of great discoveries made and benefits flowing from them; and though nothing like certainty exists in the treatment of disease, yet great advances have been made—discoveries in physiology and chemistry have thrown great light upon many points heretofore enveloped in darkness. Laënnec's great discovery of his method of exploring the diseases of the thorax and abdomen is a mo-

dern one; and that these advances have been followed by the most beneficial results, is proved by comparing the tables of the average duration of life which have been made from time to time, when it will be seen that the average duration of life is on the increase, and much of which is due to the improvements which have been made in the treatment of disease founded upon a juster appreciation of its nature. All these discoveries have shewn us that the Broussaist, the solodist and humoralist, were all wrong in confining disease to any particular part or to any system; a more comprehensive view is now taken. Pathological anatomy shews us that the solids are altered in various ways, according to the nature of the disease; chemistry, by enabling us to analyze the blood, reveals to us the fact that this fluid is liable to changes, which in turn operate upon the whole animal economy. Marshall Hall has shewn us how to explain hitherto incomprehensible symptoms in the simplest manner, by explaining the physiological action of certain portions of the nervous system. These all tend to prove how fallacious it is to adopt any one theory as to the production of all diseases; of using any one remedy for the cure of all complaints; and lastly, of following any one symptom or sign in treatment, without due regard for *all* the attending circumstances.

It will be recollected by you, that when scarlet fever and typhoid fever were discussed, that the use of calomel and occasional bleeding was on the one hand contended for as the proper treatment of those diseases; and if I understood the advocates of this plan, the reason given was, that these diseases were inflammatory in their nature. This plan of treatment was opposed by some of us, on the ground that they were not inflammatory diseases, and therefore did not call for antiphlogistic remedies; hence arose a discussion of the nature of inflammation and the state of the blood in inflammation. Upon examining various authors who have written upon this point, it was found that an excess of fibrine *always* existed in the blood of a person suffering under inflammation, whether acute or chronic; and Andral goes so far as to say that an excess of fibrine is a pathognomonic sign. Now, as in scarlet fever and typhoid fever, there was found not only an increase, but actually a diminution of fibrine, we argued, that admitting our premises to be true, these could not be inflammatory diseases, and therefore did not demand antiphlogistic treatment.

This was given as *one* of the reasons. This was laid down as a principle to guide us in our diagnosis, and which was to prevent us from pursuing an antiphlogistic plan. Other reasons were given at the time, which it is unnecessary to repeat. For myself, I relied upon the principle so emphatically laid down by Andral. This was the ground taken by us, so far as the state of the blood was concerned. Now, from this Dr. Meriwether thinks it fair to infer, that because in diseases where the fibrine (which to us was the sign of inflammation) was diminished in quantity, it would not be proper to make use of antiphlogistic remedies. That therefore, when this element existed in excess, we must give calomel and bleed, without regard to the condition of the patient. The specific nature of the disease, in a word, should follow this sign to the death. And as he proves the absurdity

of that, concludes that the sign is worthless or of little value, and these conclusions he draws from reading Andral upon the changes which the blood undergoes in various diseases. No such deduction as he draws is admissible. We use this sign as a means to detect the presence of inflammation, but we do not pretend to say that inflammation under all the circumstances should be treated by bleeding and calomel. For example—in phthisis there is an excess of fibrine, denoting the existence of inflammation—other symptoms prove this to be true—due, however, to the presence of tubercle in the lungs. Here it is an important sign and guide to treatment; but the specific nature of this disease prevents a resort to calomel, or to heroic practice of any kind. Hence we blister, and sometimes leech or cup, or resort to means of controlling the heart's action, &c. It is not, however, that we look upon phthisis as an inflammatory disease. Surely in this disease the excess of fibrine is of value as a diagnostic sign; nor does it follow of course that the antiphlogistic plan must be here pursued; although we are aware of the existence of inflammation, the general condition of the patient may forbid it, and various contingencies might arise forbidding it. This should not, however, be an argument against the value of any symptom; because, for other and stronger reasons, the course indicated by that symptom cannot be carried out. Such is the case in erysipelas, where there is a high rate of fibrine; but the state of the brain and nervous system forbids a resort to the lancet; yet it is important to know that we have inflammation superadded to the specific disease, so that we can use proper means to combat it when other circumstances do not forbid. As an instance of the value of attending to the condition of the nervous system and its influence upon treatment, I will instance concussion of the brain. In the beginning, if the patient is bled he will die; subsequently, when the nervous system has recovered from the shock, if he is not bled he will die. Sometimes we even stimulate in order that we may bleed. It is useless to pursue this branch of the subject further. I might go on and enumerate various diseases, such as pneumonia, pleurisy, &c., where this excess of fibrine was a guide to diagnosis, and therefore to treatment, but deem it unnecessary.

The doctor in the course of his article has brought forward anemia as an example of a disease in which he states there is an excess of fibrine in the blood; and if this is to be followed as a guide, it would lead to erroneous treatment. The indication to us should be to use mercury, &c. He has here fallen into the error of supposing that the buffy coat which the blood presents under certain circumstances is always a sign of an increase in the quantity of fibrine; if this was the case, then he would be correct in supposing that in anemia such a state existed, and this would be a strong argument against the principle laid down by Andral; but this buffy coat is not always an evidence of an increase of fibrine, although when this principle is in excess the buffed appearance presents itself. The quantity and firmness of the coagulum should be taken into consideration in judging of the quantity of fibrine.

In accounting for this buffed appearance, Andral remarks that the

blood of a chlorotic has preserved all of its fibrine, and has lost a portion of its globules, giving thus a relative excess of fibrine; hence the coagulum will be smaller and firmer. A buffy coat is also present, but the crust is comparatively soft and much thinner than when inflammation occurs. If under these circumstances the blood be analysed the fibrine will be found in its normal quantity. By noting then the quantity and firmness of the coagulum, and thickness and consistence of the buffy crust, we have the means of correcting any error that we might otherwise fall into; but because such an error might occur in this disease, is no argument against the sign of an excess of fibrine as a guide in inflammation, as we have the means of correcting it. Now, physicians are expected to be able to make proper discriminations—to be aware of these facts. Our science is not an exact one, and therefore judgment and observation must supply the place of rules and axioms. Anemia then is not, according to our guide to diagnosis, an inflammatory disease, nor by following this guide would we be led into gross errors of treatment.

Having fallen into the error of supposing the buffy coat to be always indicative of an increase of fibrine, it was natural that in another part of his article, when treating of rheumatism, and the effect of copious and repeated bleeding, he should fall into another error of supposing that copious and repeated bleeding would not diminish the quantity of fibrine as the buffy coat still presented itself. And for another reason, that an *actual* increase of fibrine is sometimes observed after a second bleeding has been practised. This last is quite true, and when it does occur, shews that a high degree of inflammation prevails, or that in the interval between the bleedings inflammation has increased. Here he seems to think that the ground we took was, that an excess of fibrine was the cause of inflammation. No such position was assumed; nor do we contend that the only benefit to be derived from bleeding is the diminution of the fibrine. An excess of fibrine we regard only as a sign denoting the existence of inflammation; the treatment depends upon the idea we may have of its nature and cause, and our remedies relied upon according to our opinion of their *modus operandi*, and the benefit following their use.

That the quantity of fibrine is diminished by bleeding is probable, from the fact that we witness constantly a diminution and disappearance of the buffy coat following blood letting. That this is the case may be inferred if we reflect, first, that the quantity of blood contained in the vessels is diminished, and that when this has been carried to a certain extent, that absorption of fluids contained in the system takes place, whereby the blood is rendered more fluid. When blood is drawn, there is also a greater diminution of the red globules than of the fibrine, and albumen is also taken from the mass of the circulation, so that now we have, after copious depletion, a buffy coat; and owing to the fact that the fibrine is relatively in excess, the same condition exists as we have already noticed in anemia; and in this manner it can be explained why the last bleeding may present the buffy coat even after all inflammatory action has subsided. Bearing this in mind, there is little danger of being led into errors of treatment, even if we

relied solely and wholly upon our guide. If we reflect upon the mode of production of fibrine, the time that must elapse before its reproduction under ordinary circumstances, and the comparatively short time before the fluids may be supplied, we must be led to the conclusion that bleeding will diminish its rate; the fluids are absorbed in a very short time, whereas the fibrine has to be formed from food taken into the stomach, which has to undergo the process of digestion and assimilation, or it may be formed directly from the albumen of the blood; but we have seen that the albumen is also diminished by bleeding; and as the elements which furnish fibrine are diminished in quantity, it is reasonable to infer that the fibrine is likewise decreased; for this reason, we recommend a simple diet in treatment of inflammation, an abstinence from animal food, et cetera.

Now, calomel acts, it seems to me, as an antiphlogistic somewhat in the same manner as blood letting. By its action the more solid constituents of the blood are diminished, the red globules, according to *all* authorities, are lessened in quantity; it acts so as to increase greatly the secretion of the liver, which, besides the materials necessary for carrying on digestion, secretes a large quantity of excrementitious matter. Indeed, this agent seems to possess the power of increasing most of the secretions tending to the same end. That it likewise diminishes the quantity of fibrine is most probable, and such we are informed by some of the highest authorities is the fact. Trousseau says that the blood under its action becomes more fluid—is rendered less plastic; by which I suppose he means that it contains a less quantity of fibrine. Pereira says, that at first there is a slight increase of the fibrine, but subsequently it is diminished—the red globules are likewise lessened in quantity. I have always myself looked upon this agent as one of the most efficient in the treatment of inflammation, and it was upon this ground, I believe, that the advocates for its use in the treatment of scarlet fever contended that it was indicated. The doctor has knocked this proof from under them, (assuming that scarlatina is inflammatory,) by denying the efficacy of this agent in subduing inflammation.

I cannot pretend to explain the fact stated, that in stomatitis caused by the use of calomel, there is found an increase of the fibrine of the blood. We see, however, a somewhat similar occurrence in typhoid fever, which certainly has a tendency, in some unknown manner, to defibrinate the blood, when during the course of the disease inflammation of some organ takes place.

I am not wedded to any particular theory as to action of calomel; indeed we know so little of its *modus operandi*, that it would be folly to adopt any one, and I hold myself ready to discard it in the treatment of inflammation when it shall be *proved* not to act as an antiphlogistic.

In continuation of the same debate, Dr. HASKINS said :

He deemed it unnecessary to add anything to the remarks which had been submitted by his friend, Dr. Scott, in reply to the point chiefly argued by Dr. Meriwether in the paper which he had the honor to present to the society at a former meeting. It had been a matter of surprise to him that such a point, even though it had been made, should have been thought worthy of a grave discussion.

There had, however, incidentally grown out of this discussion questions which he regarded of the very first importance, and he hoped they would be freely and fully discussed. He alluded to the effects which venesection and the administration of mercury had in altering the quantity and quality of the blood.

Dr. Meriwether had expressed the opinion that the amount of fibrine was increased, and in confirmation of this opinion, adduced the fact that in the analyses which had been made of the blood when venesection had been repeated several times, it had been observed that instead of being diminished it had steadily increased.

Dr. H. said, that while the result of these analyses had been correctly stated, he thought that an illegitimate deduction had been made from them. For, it should be recollected that each one of the specimens which had been the subject of examination had been obtained from persons suffering from an inflammatory disease; an inflammation too of such a degree of acuteness and violence, as to demand most active depletion, unless there had been a most culpable disregard of the value of human life on the part of the attending physicians. He thought that the continued and increasing violence of the inflammation, notwithstanding the active depletion, was sufficient to account for the high rate of fibrine.

To determine the effect of blood letting upon the increase or diminution of this constituent of the blood, he contended that it was necessary that blood of healthy persons, or of those suffering from diseases which were not characterized by an increase of this element, should be used for the experiments. He did not know of any one who had been such an enthusiastic votary of science as to submit to the repeated operation of venesection in health, with a view of determining this point. But Andral and Govarret had made forty-one analyses of the blood of persons suffering from typhoid fever, from several of whom blood had been drawn; and it was a remarkable fact that in every case of uncomplicated typhoid fever, where venesection was repeated several times, that there was a decided diminution of the amount of fibrine after each bleeding. He further contended that in the absence of a sufficient number of experiments to determine this question, that it appeared to him legitimate to settle it, for the present at least, by inductive reasoning. He then went into an explanation of the theories which had been put forth concerning the mode of formation of fibrine. That given by Mulder, and confirmed by Becquerel and Rodier, that it was but a higher oxidation of one of the proteine compounds of the blood, and would be increased by circumstances operating to introduce more oxygen into the blood, and to circulate it more freely and rapidly through that fluid.

That put forth by Simon, who contended that fibrine was the product of the transformation of the red corpuscles of the blood, while he was unprepared to adopt either of these theories as satisfactory, it appeared to him that it was enough to know for our present purpose, that in the opinion of those who had most investigated the subject, it was either introduced into the same manner as the other proteine elements of the blood, or else it was formed from them in the blood.

When a vein was opened and blood abstracted, it was well known that there was taken from the whole mass all the elements of the blood just in the ratio in which they entered into its composition; but upon a subsequent venesection and examination of the blood of the same individual, it will be found that the effect of this bleeding upon the blood has been to diminish very perceptibly the red globules, less perceptibly the albumen, and still less the fibrine. The saline, extractive matters and the water have been considerably increased. This qualitative alteration of the blood can readily be explained by reference to the facility with which these constituents are respectively introduced into and re-formed in the circulating mass. The water, for example, is introduced immediately, either by atmospheric pressure, or physiologically, by endosmotic action. The red corpuscles, the albumen and the fibrine on the other hand have to be replaced by the process of digestion and assimilation. The red corpuscles are replaced with more difficulty—the albumen with less, and the fibrine still less—so that the effect of blood letting is to dilute the blood and render it watery—to despoil it temporarily of its most important and characteristic elements; and just in proportion as you diminish those elements, albumen and red corpuscles, will you take away the material out of which is elaborated fibrine—so that even if it does not directly, it certainly does indirectly diminish the amount of fibrine.

Dr. H. said the buffy coat or inflammatory crust had been referred to by other gentlemen who had preceded him, as an index or sign of the amount of fibrine existing in the blood. He contended that it was not a sign to be relied upon, and proceeded to shew that there were so many accidental circumstances which were capable of modifying the appearance of the buffy coat of the blood, that unless they were understood and appreciated by the observer, so far from rendering him any assistance, they would frequently lead him into error.

The modifying circumstances particularly alluded to were, density of the blood, contact of the atmospheric air, nature of the recipient, the agitation which the blood is submitted to, and the rapidity with which it flows.

Dr. H. said the rapidity of coagulation and firmness of the clot formed, had also been relied upon as an indication of the amount of fibrine, and proceeded to shew that this too was an error—contending that rapidity of coagulation depended rather upon the density of the blood and the *relative* amounts of solid constituents, red corpuscles, albumen and fibrine, coagulation taking place more rapidly when the blood is less dense, and red corpuscles and albumen are less in quantity. This he said was to be explained by the fact that when the blood was less dense it allowed the red corpuscles to sink, leaving the par-

ticles of fibrine floating upon the top with less material interposed between and separating them. For a very interesting series of experiments upon this subject, he referred to those published in the *Annali Universali* in 1843-47, by Dr. Polli.

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## EDITORIAL AND MISCELLANEOUS.

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### Registration of Births, Deaths and Marriages.

We hail with joy the action of the constitutional convention on the subject of a registration act. It is known to most of our readers that a clause has been engrafted in the new constitution requiring the legislature to make such enactments as may be necessary to establish an accurate registry of the births, deaths and marriages of all whites, and of the births and deaths of all the colored inhabitants of the commonwealth. The perfection of the system is now left to the legislature. Though in the convention, as we were told, "not a word was spoken on the subject, because its propriety was manifest to all," we fear that the legislators, whose duty it will be to frame the law, will not pay the necessary attention to its details to make it of any very great value to the profession. We hope that the physicians generally will take a sufficient interest in the subject to acquaint the representatives with their wishes, and to impress them with a due sense of the importance of a perfection of the system. Unless they do, we fear that an act somewhat similar to that which now rests as a dead letter on the statute book, in regard to the recording of marriages by the ministers, will be passed, and all the advantages of a perfect system will be lost. These remarks are rather intended to draw attention to the subject than anything else. We will pursue them at some future time in connection with the coroners system.

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### Our Patrons.

We take this occasion to thank numerous correspondents and patrons who have written us letters of encouragement in our enterprise. The Stethoscope is now firmly established and has a wide circulation, but its size and its cost require encouragement in several different ways. We solicit, 1st, communications, reports of cases of interest and practical essays; 2ndly, an extended list of *paying* subscribers. As the price of the journal is too low in comparison to its cost to afford compensation to agents, we may be excused for asking the favor of subscribers to act as agents for us, and to aid in circulating our

work in their neighborhoods. To the many who have already done so, we return our grateful acknowledgments.

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We very much regret that Dr. G. Lane Corbin was prevented from attending the meeting of the Medical association at Charleston, S. C., by dangerous and protracted illness. We learn that he had intended to advance some strong ideas adverse to the generally received opinion as to malarious influences producing "intermittent fever," and to have related some experiments sustaining his views.

We are glad to hear that Dr. C. has regained his health, and we hope soon to publish an interesting paper on the above subject from him.

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We must again apologise for the poverty of the present Number in selected papers. Hereafter we shall give more practical or valuable matter, selected from the American and foreign medical journals.

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Dr. Howard, editor of the Ohio Medical Journal, is writing interesting letters from Europe. He speaks highly of the attentions paid to Americans by the London profession. He takes occasion however, in his letter, to oppose the lengthening of the lecture terms, so generally insisted on by the profession in the United States. This does not come well from Dr. Howard, as he himself is connected with a medical college which seems little disposed to risk the loss of a student by adopting any of the reforms.

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We have received the circular of the New York medical college, from which we see that it has adopted the long course of lectures, (five months,) and practically separated the teaching and licensing power. All candidates for graduation are examined before censors, who are in no way connected with the college. We learn that other schools will soon adopt this plan.

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**SOUTHERN PLANTER.**—This cheap and valuable monthly is now edited by Frank G. Ruffin, Esq., a practical farmer of energy and talent. We take great pleasure in exchanging and in recommending it to the agricultural community.

Among the newspapers which are sent to the Stethoscope is the **MAGNOLIA**, a spirited and capital weekly family journal, edited by Oliver P. Baldwin, Esq. of this city—\$2 per annum. As a literary family paper it has no superior.

Notices of other publications received are necessarily deferred.

**Medical Society of Virginia--July Meeting.**

C. P. JOHNSON, second vice-president, in the chair.

(Present—twenty-six members.)

After the reading of the minutes, the following gentlemen were ballotted for and declared duly elected members of the society:

N. F. Rives, M. D., *Petersburg*,  
J. F. Peebles, M. D., *do.*  
J. H. Claiborne, M. D., *do.*  
P. S. Carrington, M. D., *Richmond*.  
Peterfield Trent, M. D., *do.*  
L. N. Ligon, M. D., *Nelson C. H.*  
Zachary Lewis, M. D., *King & Queen*.

W. B. Cochran, M. D., *Middleburg, Va.*  
T. M. Boyle, M. D., *Loudoun Co.*  
R. A. Lewis, M. D., *Richmond*.  
Jas. Johnson, M. D., *Hicks' Ford, Va.*  
John C. Coleman, M. D., *Richmond*.  
P. H. Cabell, M. D., *do.*  
O. L. Drake, M. D., *Powhatan C. H.*

One nomination was laid over till the November meeting, and another was withdrawn by unanimous consent.

Letters of application were read from several gentlemen, whose nominations were seconded and laid on the table under the rule.

Dr. JAMES BEALE, first vice-president, took the chair.

The resolution in relation to apothecaries who prescribe, coming up as the first business in order, several gentlemen expressed their opinions in regard to the necessity of taking some steps which would accomplish the objects in view more effectually than the mere passage of this resolution. After some debate, the subject was referred to a committee, consisting of Drs. Haskins, Deane, Johnson, Mills and G. A. Wilson, to report what action ought to be taken at the next meeting.

The paper read by Dr. Meriwether at the last meeting, and published in our July Number, *on the fibrine of the blood in certain diseases*, was then called up as the regular subject of the evening.

A long, able and very interesting discussion then ensued, in which Drs. Meriwether, G. A. Wilson, Little, Haskins, Gibson, Deane, C. P. Johnson and Scott took part.

[The remarks of Drs. SCOTT and HASKINS will be found in the original department of the present Number. We regret that we have not the material from which we could make an abstract of the remarks of the other gentlemen who participated in the debate, and we are unwilling to do them injustice by giving a meagre report of them.]

On motion of Dr. G. A. WILSON, *Uterine Displacements* was made the subject for the August meeting.

Dr. JAMES BOLTON presented a specimen of extensive caries of the bones of the leg. He read a history of the case, and contributed the preparation to the pathological cabinet of the society.

The committee to devise and procure a suitable seal for the society, presented one of the following design, viz: A shield bearing in its centre a winged rod wreathed with a serpent. The words "Medical Society of Virginia" appear on the margin, with the date of the incorporation of the society (1824) at the apex. This was then adopted as the seal of the body for the future. It was executed by William Alderton, of New York, and gave general satisfaction.

The chair then announced the following list of committees, appointed under resolution passed at the annual meeting:

1st. On the present condition of medicine and the interests of the profession in the state of Virginia :

Ro. W. Haxall, *Richmond City.*

Walter F. Jones, *Petersburg.*

J. Prosser Tabb, *Gloucester C. H.*

Frank Powell, *Middleburg, Va.*

Landon Rives, *Richmond.*

2d. On medical education and literature, and the progress of professional and popular quackery :

J. F. Peebles, *Petersburg.*

J. J. Thweatt, *Petersburg.*

C. S. Mills, *Richmond.*

J. Wistar Walke, *Winterpock, Va.*

G. A. Wilson, *Richmond.*

3d. On hygiene and public health, and the medical topography and statistics of Virginia :

Wm. A. Patteson, *Richmond.*

A. T. B. Merritt, *Richmond.*

L. S. Joynes, *Accomack C. H.*

G. Lane Corbin, *Warwick.*

M. H. Houston, *Wheeling.*

4th. On practical medicine and pathology :

W. D. Haskins, *Richmond.*

T. H. Laird, *Boydton.*

D. H. Tucker, *Richmond.*

John A. Cunningham, *Richmond.*

Wm. Selden, *Norfolk.*

5th. On surgery :

H. H. McGuire, *Winchester.*

C. B. Gibson, *Richmond.*

P. C. Spencer, *Petersburg.*

P. Cl. Gooch, *Richmond.*

Jas. Bolton, *do.*

6th. On anatomy and physiology :

C. P. Johnson, *Richmond.*

M. P. Scott, *Richmond.*

J. L. Cabell, *University of Virginia.*

F. W. Roddy, *Richmond.*

W. Ottway Owen, *Lynchburg.*

7th. On obstetrics :

F. H. Deane, *Richmond City.*

Sam'l A. Patteson, *Manchester.*

Dan'l Trigg, *Abingdon.*

B. R. Wellford, *Fredericksburg.*

J. F. Peebles, *Petersburg.*

8th. On materia medica and chemistry :

S. Maupin, *Richmond.*

A. E. Peticolas, *Richmond.*

J. H. Claiborne, *Petersburg.*

L. W. Chamberlayne, *Richmond.*

Jno. N. Broocks, *do.*

9th. On the indiginous botany of Virginia :

Geo. F. Terrill, *Junction, Hanover.*

W. J. Clark, *Richmond.*

J. A. Smith, *Montpelier, Hanover.*

T. A. Cox, *Henrico.*

P. M. Watson, *Smyth C. H.*

10th. On those pursuits so connected, directly or indirectly, with the profession as to demand its attention—such as dentistry, dispensing physic, manufacturing of instruments, apparatus, &c. &c. :

James Bolton, *Richmond.*

Wm. W. Parker, *Richmond,*

W. B. Pleasants, *do.*

John P. Little, *Richmond.*

Nat. F. Rives, *Petersburg.*

11th. On the springs and mineral waters of Virginia :

Wm. Burke, *Richmond.*

S. Maupin, *Richmond.*

— Strother, *Warm Springs.*

M. P. Scott, *Richmond.*

— Hunter, *Blue Sulphur Springs.*

Dr. BOLTON gave notice that he would bring up a plan for the extension of the society, and said that as there was sometimes much difficulty about the nominations and elections of gentlemen who were not well known to the members, he would, at a future meeting, offer the following resolution: "That a standing committee be appointed, to whom shall be referred the names of all applicants for membership of the society."

Dr. C. P. JOHNSON offered the following:

*Resolved*, That in future the consideration of the regular subject of discussion for the evening be never postponed later than 10 o'clock in the summer, and 9½ in the winter. Adopted.

The society then adjourned.

### Reviews and Bibliographical Notices.

"*Operative Surgery*—By FREDERICK C. SKEY, F. R. S." Philadelphia: Blanchard & Lea. 1851. 8vo. 661 p. From the publishers—Through Morris & Brother.

When this work was announced we looked forward for one of the fullest and most valuable treatises on the operative department of modern surgery. The very extensive field of experience and observation occupied by a surgeon to St. Bartholomew's hospital soon attains for him a position in his profession which renders his name a high authority. The reputation of Mr. Skey as an operator, and his great experience, will no doubt cause his new work to be adopted as a standard text. It will soon be in the hands of many who allow their thinking to be done by authors, and who will refer to it as a guide in their practice. Now, with all due deference for Mr. Skey's great name, and for the commendations given to his book by the medical press generally, we feel in duty bound to express the opinion that its readers will be disappointed with it.

The preface like the title page reads well, and indeed its perusal led us to the disappointment we experienced with the book.

"The following work was undertaken in compliance with the advice of some professional friends, who equally felt with myself the want of a book on the subject of Operative Surgery, which might become, not simply a guide to the actual operation, and embrace the practical rules required to justify the appeal to the knife, but would embody, at the same time, such principles as should constitute a permanent guide to the practitioner of Operative Surgery, and without which, all claim to its scientific character is lost."

"To write a work on Operative Surgery, which should consist of merely mechanical rules for the performance of an amputation, for example, would be to leave the work more than half unfinished, simply because the knowledge, which determines the necessity of the undertaking, is far more valuable, and far more difficult of attainment, than that which is required to qualify a surgeon for its performance. The one qualification involves both the moral feeling and the intellect of the surgeon. The other demands the exercise of his physical functions only."

After having dilated on the responsibility, &c. of the operator, the author very justly remarks:

"There is no department of medical practice more attractive to the younger members of our profession than that of Operative Surgery. Its brilliancy, its éclat, its critical influence on disease, all contribute to this popularity, and attach an interest to it in the minds of the student of medicine far beyond that connected with the study of any other department.

The value of a hospital is appreciated by the number of its operations, not by the exhibition of the curative power of its surgical staff, and still less by the success which follows the frequent resort to the knife. The operating theatre is a place of weekly resort, the 'high change' of the institution, at which we find united the largest assemblage of professors, of students, and their friends. Is not this enthusiasm somewhat misapplied? Between the claims to respect of Curative and Operative Surgery, there is no comparison. I venture to say, with all respect to my many superiors in surgical acquirement, that it is the duty of the teacher to expatiate with all the power of his authority on the superiority of the one over the other.

"There is no greater obstacle to the advance of high classed surgery, than the man who, having acquired the reputation of a dextrous operator, regards the world as the great field of his experiments. A man who has the reputation of a 'splendid operator' is ever a just object of suspicion; and I firmly believe that the bad operator, conscious of his weakness, will be found to have ever been the larger contributor to scientific surgical knowledge."—"I am old enough in my profession to have witnessed in past times much of wrong; I hope to live long enough to see this wrong converted into right. I have endeavored, as an English metropolitan surgeon, to carry into execution at least one primary object, viz. to strip the science of Operative Surgery of a false glare, mistaken by the ignorant for the brightness of real excellence, to check a spirit of reckless experiment, and to repress rather than encourage the resort to the knife as a remedial agent."

The first chapter is devoted to *general considerations*, and is perhaps the best part of the work. Chloroform is recommended in many cases as a matter of the first importance. The preparatory and after treatment and the expediency of operations are touched on. But we think that these considerations should be spoken of in connection with the individual operations. The second chapter is very much a continuation of the first. The principles of incisions, instruments and their uses, hæmorrhage, unions and sutures, wounds and dressings, ligature of arteries and tetanus, are treated of at some length, and many good hints may be obtained from it, but it is well that one would not be likely to consult a book on Operative Surgery for the treatment of tetanus; for if they do, and this is the only one at their command, they will be left in as total darkness as before. From the text we are to consider Mr. Skey a believer in *idiopathic tetanus*.

Dislocations and fractures are then taken up, having an intermediate chapter on bandages, and are very well treated of, with some omissions. Compound dislocations are slighted, and gutta percha splints and fixtures are not mentioned once. Amputations and other cutting operations succeed. We fully agree with the author in his preference generally for the circular operations, either simple or modified, where there is one bone only. And Mr. S. deserves praise for denouncing a folly, not more absurd than it is common, of attaching too much importance to the *rapidity* of operating. Now that the pain is not felt, by the resort to anesthesia, we hope the use of a watch in operations will be dispensed with. We have not room for, nor do we think that the work demands, a review by chapters. Though there are many parts of it which challenge admiration, still upon the whole we do not think that Mr. Skey's book has "supplied the want of a complete guide and reference book on the subject." In the contracted limits to which the author has confined himself, he has dilated too much upon the *principles* and too little upon the mechanical or operative part of surgery, and the treatise is very defective in the details of particular operations. Symes' beautiful operation of amputation at the ankle joint, leaving the astragalus, and his favorite and successful excision of the elbow joint, leaving an artificial joint and an useful arm, are not taught

correctly. Excisions and resections are grossly neglected. Nobody could learn to extirpate a diseased maxillary bone by studying Mr. Skey's account of the procedure. His operation for hare-lip is good, but he omits to give his opinion as to the most favorable period for operating. In the simple excision of tonsils, he reminds us of danger by hæmorrhage from an irregular distribution of the tonsilitic artery, but suggests no treatment for the accident. Ovariectomy is not only regarded as justifiable, but as demanded in many cases. The increase of the temperature of the room beyond a pleasant degree, as is recommended by Dr. F. Bird and others, is censured; but here again the operation and attending accidents and circumstances are not sufficiently expatiated upon. Mr. Skey recommends, like Dr. Gross, the use of the simple knife in cutting for stone in the bladder. Indeed the gorget has been abandoned we believe by all lithotomists of any eminence, save Dudley of Kentucky and Gibson of Philadelphia. For the best description of perineal section for the radical cure of old strictures of the urethra, we cannot refer to Mr. Skey. His remarks on that subject are too indefinite.

In conclusion, it is due to the work to say that it abounds in well executed wood cuts.

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*The Pharmacopœia of the United States of America—By authority of the National Medical Convention, held at Washington, A. D. 1850. 8vo. 317 p. Philadelphia: Lippincott, Grambo & Co. 1851. Through Nash & Woodhouse.*

[For the subjoined review we are indebted to the kindness of our friend, Mr. JOSEPH LAIDLEY, a gentleman of intelligence and talent, and a graduate of the Philadelphia College of Pharmacy, now connected with the drug house of Adie & Gray of this city.—*Ed. Steth.*]

More than three months have now elapsed since the fourth decennial edition of the United States Pharmacopœia was issued from the press; and late as is the day at which we notice it, yet we cannot let the opportunity pass without expressing our opinion of both the work itself, and of the faithful and masterly manner in which the committee\* appointed for that purpose have accomplished the work confided to them.

The beautiful system of nomenclature, first adopted in the first American Pharmacopœia, has been carefully adhered to, and where practicable, extended in the new edition, as, for instance, in the edition of '42: "*Æther sulphuricus*" indicated the product of the action of sulphuric acid upon alcohol—the preparation which is now recognised as simply "*æther*" because it is *pure* ether; the oxyde of ethyle, and not a compound of that substance and the elements of sulphuric acid,

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\* The committee consisted of ten members from various parts of the Union; but the active portion of it were Professors G. B. Wood and Joseph Carson, of the University of Pennsylvania, Wm. Procter, jr., of the Philadelphia College of Pharmacy, and F. Bache, of the Jefferson Medical College, Philadelphia.

as the old name indicated. There are numerous other equally appropriate changes in nomenclature observable throughout the work.

To the list of the materia medica there have been added eighteen medicines, including acetic acid, (formerly among the preparations.) To the preparations are added fifty-three formulæ for new medicines; among these are aconitia, iodide of arsenic, chloroform, solution of citrate of magnesia, iodide of lead, &c.; but the most important addition to this division of the work is the introduction of the fluid extracts—a class of medicines, the value of which fully entitles them to so prominent a position; among these we must mention the fluid extracts of sarsaparilla, and of spigelia and senna; the former is, undoubtedly, the best preparation of sarsaparilla now in use, and physicians and pharmacutists would be doing a service not less to themselves than to the public, by discouraging the use of the various quack nostrums purporting to be preparations of that valuable remedy, which are now foisted in such wholesale quantities upon those who are credulous enough to believe the extraordinary but often manufactured stories told in their favor. The same remarks will apply to the fluid extract of spigelia and senna, which is an excellent vermifuge, and well worthy of the confidence and patronage of the profession and the public.

Numerous changes in the formulæ have been made throughout the work, which will have the effect of greatly lessening the trouble of preparing some medicines and improving the quality of others, and in these it is that the *practical* character of the work is manifest. It does not present a collection of tedious and complicated formulæ, which, in many instances, could not be understood, except indeed by the most scientific and experienced in the business; but its formulæ are all as explicit, short and simple as it was possible to make them; in fact, two cardinal objects appear to have constantly guided the deliberations and influenced the actions of the committee; the first, to embrace in the work all the medicines whose importance or use would justify their admission—to acknowledge all the remedies that the wants of the community require; the second, to present such simple and intelligible formulæ for preparing these remedies, as would enable any one in the business to properly conduct the necessary processes. In the preparations of vinegars of squills and colchicum, alcohol has been left out, which, from its stimulating property, was, in many cases, an objectionable addition; but as they will now be more liable to spoil than when alcohol was added, pharmacutists will have to prepare them in smaller quantities and more frequently, in order to have them always good. Camphor, cinnamon, peppermint and spearmint waters, each contain more of the active ingredient, from the amount of the carbonate of magnesia, with which the camphor and oils are triturated, having been increased. Aromatic sulphuric acid and tincture of muriate of iron are now prepared in a less number of hours than they formerly required days. Cyanuret of silver is prepared by an improved process. Extracts of hemlock and dandelion are prepared by processes that secure as perfectly as it can be done, the presence of *all* the virtues of these plants. The consistence and flavor

of honey of roses has been improved. Pills of carbonate of iron are made of better consistence, and other practical improvements are made in the formulæ for preparing the mass. Sulphate of quinia pills will retain their consistence better with honey than when made with syrup, as formerly. The manipulation for and consistence of soap plaster has been improved. Solution of iodide of iron keeps better when made with sugar than with honey; hence the substitution of the former for the latter. Cyanuret of potassium is prepared by a process which yields a much larger product than the old plan; and although it is not as pure, yet it is sufficiently so for all *practical* purposes. Iodide of potassium is manufactured *pure*; it has heretofore almost invariably contained some carbonate of potassa—frequently a considerable amount. Compound spirit of juniper and spirits of pimento and rosemary are prepared with much less trouble than formerly. The formulæ for syrups of ginger, ipecacuanha, rhatany, rhubarb, tolu and compound sarsaparilla have undergone important improvements. So also have the formulæ for citrine, iodine and stramonium ointments.

Among not the least important changes, are those made in the strengths of acetic and nitric acids: the former, in the old edition, was so strong, as to render its preparation difficult, and its cost comparatively expensive; the consequence of which was, that a weaker acid, the “No. 8,” took the place of the stronger—a change which was attended with no disadvantage, as the acid has always to be largely diluted for use. The “No. 8,” the weaker and cheaper acid, is now the official standard. Nit. acid was required to have the sp. gr. of 1.5., which was much stronger than necessary, and the manufacture of it also was attended with much difficulty, especially to obtain it pure. To remedy these inconveniences, advantage has been taken of the curious fact, that no matter what the strength of nitric acid may be, whether stronger or weaker, *boiling* it will always bring it to the specific gravity 1.42, (which contains about 76 per cent. of liquid acid;) consequently, this standard is adopted in the new Pharmacopœia. The “Preliminary Notices” are a new and important feature in this edition.

The test notes, or rules, for ascertaining the *purity* of the substances to the general description of which they are appended, are short and concise, yet full and explicit; they have been prepared with a great deal of care and accuracy; and attention to their requirements would enable any one to test the quality of the articles they are intended for; a precaution which all engaged in preparing or vending medicines should occasionally take, as it would either confirm the purity, or exhibit the impurity of his remedies; the satisfaction of *knowing* that his medicines are what they ought to be, would be worth to the *honest* dealer the little trouble testing them might occasion him; and on the other hand, if anything should, on applying the test, prove not equal to the standard, he becomes acquainted with the fact and can supply himself with those that *are* good: but the great *benefit* resulting from such a course would be the securing of uniformly good and genuine remedial agents, upon which the physician's reputation and success,

not less than the *lives* of his *patients*, so greatly depends. We hope the tests will be applied by those interested, as occasion may present.

We have thus, in a very cursory manner, noticed some of the most important changes in the new edition of the Pharmacopœia—we would gladly go more into detail, but the space allotted to us in the “Stethoscope” will not permit it. The work, as now presented to the American profession, is undoubtedly the best of its kind extant; we hope to see it ere long in the hands of every physician, student and apothecary in the Union—we want to see both doctors and druggists familiar with its contents, and more especially, with its nomenclature and formulæ—a knowledge of, and strict adherence to the former, would prevent, to a great extent, the mistakes which frequently occur—mistakes, occasioned not more by the carelessness of apothecaries than by thoughtlessness in prescribing—at least, thoughtlessness so far as giving the *proper* names in prescriptions is concerned—but if the *pharmacopœial synonyme* were written, we would always have one definite; *uniform name* for the same article: take calomel for an example, hydrargyri chloridum mite is the officinal name—prescriptions now come to us for this one substance under the names and abbreviations now given, viz: Hydrargyri chloridum mite, hyd. chlor. mit., hyd. mur. mit., hydrarg. sub. chlorid., hyd. chlor. dulcis., hyd. mur. dulc., hyd. protochloride, merc. mur. dulc., hyd. sub. mur., hyd. submurias, merc. submur., merc. dichlorid., and numerous other mixtures of English and Latin—then plain English, as sweet precipitate, sweet sublimate, calomel, protochloride of mercury—and some dozen others—but if the officinal name were adopted by all, one great source of confusion would be removed—one great guard against mistakes would be established. Such would be some of the advantages of every one engaged in prescribing or dispensing medicines, having, and *studying* the Pharmacopœia: the last edition of which, notwithstanding perhaps a *few* defects, is as perfect as the wants of medicine require, or the present state of pharmacy permits; it has had the advantages of the wisdom and experience of the ablest chemists, the most accomplished physicians, the most scientific botanists, and the most practical pharmacutists in the country—men who are at the head of their respective professions in the United States, and the fame of whose scientific attainments is known wherever knowledge is esteemed, or learning is appreciated. With such a concentration of talent, brought to bear upon a single object, there can be no doubt that the result of their arduous labors is worthy of the professions they represent, and of the country of which their work is the national medical standard.

*A Practical Treatise on the Diseases and Injuries of the Urinary Bladder, the Prostate Gland, and the Urethra.* BY S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, Member of the American Medical Association, author of "Elements of Pathological Anatomy," etc., etc. 8vo. 726 p.—With one hundred and six illustrations. Blanchard & Lea. 1851. Through Morris & Brother.

The present volume will add to the already high reputation of Dr. Gross. From his known ability, both as a teacher of surgery and a writer on pathological anatomy, we had formed high expectations of this work, which expectations, on its perusal, we find to be fully realized. After a brief account of the anatomy of the parts treated of in the book, accompanied by suitable illustrations, he proceeds to diseases and injuries of the bladder. Upon the whole, his account of their symptomology, pathology, treatment, &c., is highly satisfactory. His remarks on retention of urine, catheterization and puncture of the bladder are especially worthy of attention, and the more so, as the latter is an operation easily, and we apprehend too frequently unnecessarily performed by the young surgeon. Though not agreeing with Desault, that the operation is never required, yet he is decidedly of the opinion that the bladder has been many times needlessly punctured, when by persevering effort, aided by rest and anodynes, the catheter might have been introduced even after repeated previous failures. Says the author: "It is only in cases of excessive enlargement of the prostate gland, attended with great tenderness and swelling of the surrounding parts; in laceration of the urethra and infiltration of urine into the scrotum; and in deep-seated impassable stricture that the operation is even admissible. All other forms of retention will, there is reason to believe, yield to the catheter, aided by time and soothing measures."

By far the most interesting portion of the work is that relating to urinary deposits and stone in the bladder. He is remarkably clear and precise in his account of the symptoms, both rational and physical, denoting the presence of a stone in the bladder, the pathological effects, the treatment, both medical and surgical, either for its removal from, or solution in the bladder, the different operations for its removal, as well as the treatment, both preparatory and subsequent to its removal. He gives (and in this he is sustained by the vast majority of surgeons) the preference to the lateral operation, and discards the gorget as being more clumsy and less safe in making the prostatic section than the simple scalpel.

The average mortality has been set down at one in five, but in comparing the cases of a number of our most distinguished surgeons, much more favorable results will be found in this country at least to be obtained. The author has himself operated in twenty-four cases, detailed notes of which he publishes, and has yet to lose his first patient.

After disposing of injuries and diseases of the bladder, he next passes to those of the prostate gland, and then of the urethra, treating them in a clear and concise manner.

To the country practitioner, this volume will prove especially valuable, treating as it does, many diseases in detail, touched but superficially in general works on surgery.

With the exception of a few omissions, which we hope to see supplied in a subsequent edition, we think that the author has succeeded in "filling a void in medical literature," and in "performing for the bladder, the prostate gland and the urethra, what has been so well done by Lawrence and McKenzie for the eye, Hope for the heart, Budot for the liver, and Curling for the testes." C.

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*A Treatise on Dislocations and Fractures of the Joints*—By Sir ASTLEY COOPER, F. R. S., &c.—*A new edition, much enlarged—edited by BRANSBY COOPER, F. R. S., &c.—with additional observations, and a memoir of the author. A new American edition, with numerous illustrations.* Svo. 496 p. Philadelphia. 1851. Blanchard & Lea.

The original edition of this work soon became exhausted, and its popularity both in Europe and America caused it to run through five more. The one before us has been edited with great care by Mr. Bransby Cooper, one of the surgeons to Guy's hospital, and has had some additions made to it by the American editor, amongst which are some observations on dislocations and fractures of the thigh bone, by Prof. Warren, of Boston. No commendations are necessary to ensure a continuation of the esteem in which this capital work has been held by the profession since it was first introduced to their notice. This last edition is handsomely executed and illustrated.

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*Report to the Louisiana State Medical Society on the Meteorology, Vital Statistics and Hygiene of the State of Louisiana.* BY E. H. BARTON, A. M., M. D., President of the Society, Member American Medical Association, etc.—*With an appendix—shewing the experience of various life insurance offices, and the laws of probability of life, according to English calculation.* BY H. G. HEART, Esq. Svo. 66 p. New Orleans. Davies, Son & Co.

We have received the above document from the author, and regret that it is not largely circulated among the profession. It is a model of a paper, and evinces not only the great talent and energy of the learned author for scientific research, but an indefatigable industry rarely met with among American physicians. So highly were the labors of his production esteemed by the civil authorities and citizens of New Orleans, that they requested the privilege of printing and circulating it, to which Dr. Barton consented, and dedicates it to the municipal authorities of New Orleans and Lafayette. An appreciation of the labors of medical societies, and of the great value of such productions to *every member of the community*, will aid greatly in the encouragement and advancement of the "science of life." But as drones are so numerous in the medical ranks, as well as out of them, we can ex-

pect but little to be done for science by those whose duty it is to foster it.

Accompanying the above report are several large charts, giving at one glance the variations in the climate, the mortuary returns, the influence of climate on race, &c., &c.

We have room but for one or two extracts. In speaking of the main causes of the insalubrity of the city, Dr. B. remarks :

“Bad water is probably more injurious to health than bad air, as it acts far more rapidly when taken into the stomach than when taken into the lungs, for venous absorption admits of no selection ; it is taken immediately into the lungs and circulated through the system, and as water is capable of holding in solution a greater quantity of foreign matter than air, it is more concentrated. Professor Hoffman has stated that 1000 gallons of water will dissolve 25 gallons of nitrogen, 6 gallons of oxygen, 1000 gallons of carbonic acid, 50,000 gallons of ammonia—the very gas which escapes so largely from privies and the police filth of every dirty town, carrying with it vegetable and animal matters in a high state of putrescency. Hence it is that our cisterns, and particularly when near the privies, (*as they usually are!*) are sure to be contaminated thereby, and, indeed, every source of filth in its neighborhood.\*

“It must be highly gratifying to every intelligent mind to be enabled here to apply the facts derived from the deductions of science in the true explanation of this vitally important subject. You will agree with me, I am sure, in the belief that the utility of science is to be estimated from its capacity to be applied to the practical purposes of life—advancing our comforts and heightening our enjoyments. We have this beautifully exemplified in the important fact stated in the former part of this report (and other and abundant evidences could be furnished) of the connection of a *still atmosphere with disease, and both with a high dew-point*. This presses on us, with all its force, the necessity of ventilation, and it becomes doubly important when with the *damp, still air* of our back yards, the accumulation of the concentrated filth of a family, including the privy and kitchen offal, in the direct neighborhood of that which is of the last importance to keep pure, viz. the water we drink and use for all domestic wants. Then comes the additionally important fact, derived from science, (mentioned before,) that all the noxious gases, given off above by these excrementitious remains, are absorbed, with destructive rapidity, by this very water ! Thus the force and value of the highly satisfactory explanation becomes too apparent to be questioned, and too important to be overlooked.

“It is impossible to overlook the effects of intemperance, especially in a warm climate. Probably no cause is so effective in undermining the constitution, impairing the *vis-vitæ*, and increasing the liability to

\* Since the delivery of this report, several who heard it have had their attention called to the subject, and consulted me in relation to sources of impurity of the water in their cisterns, from some cause to them unknown. On examination, it was satisfactorily ascertained that, in several instances, it was most palpably attributable to the vicinage of their privies ; in others, to coal containing much sulphur, &c.

disease, as it. There is no disease it does not aggravate; there is no constitution it benefits. The most cursory examination of our cemetery reports of the causes of death will satisfy any professional man, at least, how vast have been the additions to it from an undue indulgence in this vicious habit, and especially of all that large class which gives so baneful a reputation to this climate, I mean the zymotic."

We quote in full Dr. B.'s remarks on the perplexing subject of acclimation:

"The true philosophy of what is very loosely called 'acclimation,' is very little understood—the materials do not exist. We know that one latitude or zone of the earth is different in what is technically called its 'climate,' from another; that these even differ in their longitudes; that elevation or depression, and the vicinage of mountains, plains or great bodies of water materially influence it; but farther we cannot go. How difference of soil affects it we know not; that it does affect plants is undeniable; and that even contiguous fields produce different varieties of fruit and other productions; but the cause here is palpable enough—they derive what supports their existence from it—we never do. All we can say, then, positively, and from which to reason is, that from these positions result a difference of meteorological condition. The exponent, then of climate, so far as our present positive knowledge extends, is meteorology. Now, from our ignorance of meteorological conditions, with almost one exception, of different countries, we are limited to the explanation which that one furnishes—I mean difference of temperature. Let us see, then, what this supplies. The inhabitants of the northern or cool regions are generally of the sanguine temperament, with a large development of their sanguiferous and pulmonary systems, with a corresponding power of generating heat, to adapt them to the wants of such a climate. On the contrary, the natives of hot regions have usually the bilious temperament, with the reverse organization, because the requirements of this climate are different, and they get rid of their excess of carbonic acid through other emunctories, and they take in less through their lungs, it not being required, and if it was taken in, they would be over-heated by the combustion it would excite in their systems; hence, then, the predominance of the bilious temperament in hot climates; and it is a matter of observation that temperaments are convertible by long residence—certainly the sanguine becomes bilious through generations—and in accordance with these principles we find the visitor from the North, of the bilious temperament, is more easily accommodated to the South than he of the sanguine. Dr. Cartwright has clearly shewn that the negro requires less pure or oxygenated air than the white man, in their much greater adaptation to hot climates. Here, then, is, *one positive fact* by which acclimation is explained; and as man is almost the only animal that can adapt himself to different climates, he clearly accomplishes it by the exercise of his intellectual powers in accommodating himself to different temperatures, mainly, by changes in his dress and mode of living; while other animals who survive this change, in a great degree lose the coverings which protected them from northern rigors, on coming to the South. Is there

any other *positive, undeniable fact upon the subject?* Habituation to a climate to constitute it—that is, habituation to a certain fixed atmospheric condition—(and it is owing to our ignorance of the other departments of meteorology that we are at present compelled to limit it to this)—is, then, but *habituation to a certain range of temperature.* All other explanations are hypothetical—but *petitiones principii*—and based upon assumptions that are unphilosophical to admit, and I pass them by. The troops transferred by the Pacha of Egypt to the comparatively cold mountains of Greece, from the torrid regions of Southern Egypt and Nubia, perished like rotten sheep, without apparent disease. The Laplander, transplanted to Louisiana, would die from excessive heat, if his ordinary power of generating caloric for his indispensable wants, in his cold regions, was not immediately restrained here. Negroes, transferred to colder climates from Africa or the South, suffer great mortality from the change, and particularly from pulmonary disease, from the increased activity required through this system of supplying heat. Monkeys carried to England all die speedily, and mainly of the same disease, if not confined to an atmosphere artificially heated for them; and these illustrations could be vastly extended in corroboration of the position assumed.

“In this view of the subject, acclimation has a wider range and a more specific application, and is not confined to those coming South from the North. But they are, I believe, unnecessary; for actual experience, *when properly tested*, is against the admission of the absolute necessity of acclimation, to any great extent, from one temperate region to another; at all events, it must be abandoned so far as it depends upon a *fixed physical condition*, as it regards us, for that we have not had for many years.”

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*Transactions of the New York Academy of Medicine*, vol. i, part i, 8vo. 166 p. Printed for the academy, by S. S. & W. Wood. 1851.

This is the first of a regular series of publications which the New York academy will make. It is we presume the controlling medical body of the state, as we see the best New York names on its list of 300 fellows.

The work before us is creditable to the New York profession, and from the eleven papers and reports which it contains, we may in future take many valuable extracts.

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*An Address on Medical Jurisprudence; its claims to greater regard from the Student and the Physician*, delivered before the fellows of the Massachusetts Medical Society, at the annual meeting, May 1851. By DAVID HUMPHREYS STORER, M. D.

Our thanks are due to the author for this able appeal in favor of so important but neglected a branch of medical education as medical jurisprudence. There are few men in even the larger cities who are competent *experts* in criminal cases, or even before coroners' juries.

This is illustrated and the general ignorance of the subject is displayed whenever an opportunity occurs. We know that our friend Dr. Storer, (who is an effective speaker and handsome writer,) impressed his auditory with the importance of his subject, and we wish that his address could be very generally read.

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*A New Sign Language for Deaf Mutes; a Graduating Thesis sustained before the Buffalo University.* By ALBERT J. MEYER. Published by vote of the faculty.

The author of this thesis very ingeniously establishes the practicability of the alphabet used for Bains' telegraph, and its superiority over others in use for conversing with deaf mutes. Its chief advantage seems to us to consist in its usefulness in the dark, or by touch, as well as by sight. The thesis has been well received by the unfortunate class for whom it was intended, and is an useful invention.

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*Two Letters on Cases of Cure at Fauquier White Sulphur Springs; embracing also Mineral Waters in general.* By REVEREND T. STRINGFELLOW. 8vo pamphlet, 18 p. Washington, 1851.

This is a pamphlet which was sent to us by some kind, unknown friend. We paid no attention to it until we found that it had been thickly distributed among all classes in all places, and *gratis*. We do not know but that it has been used as a profitable means of advertising the already popular watering place which it lauds so highly. If so, it may be no affair of ours to know why a *spiritual adviser* should lend himself to such a purpose. If its object was solely a philanthropic one, "for the benefit of suffering humanity," then, perhaps, our reverend pathologist may be excused for saying, that "to be silent while so many hopeless sufferers are strangers to this merciful provision of a gracious God, would be a sin." But such is the language of both quack and empiric. And, not to judge our neighbor unadvisedly to be of the former class, we must make an earnest remonstrance with him for his empiricism. If the *Reverend Mr. Stringfellow* had appended the two letters M. D. to his name, we should have considered his pamphlet not worth noticing, as a professional production; but as the thing is circulated far and wide upon the merits of a religioso-medico testimonial, to exhort our patients, variously afflicted, to go out of our hands, and seek "the peculiar provisions of the Almighty for them in the fountains of healing waters, gushing forth from the laboratory of God," (!) we "think it a sin to be silent." Mr. S. says:

"To medical men the right belongs of settling the category to which a particular case belongs. When, therefore, an invalid ascertains to what class or family of disease his belongs, he then wishes to know, in reading a communication of this kind, whether the water has cured diseases of that class or character. If it has, then a ground of hope is furnished that his may be cured also."

"I have used all the caution I could to guard against pathological mistakes."

He ascertained the names of the diseases, and writes that many of them were incurable by the best men of science, so he urges (or his effect is to urge) all such to come up to Fauquier.\* Among the numerous ailments which he says these waters will cure, are the following: *Dyspepsia*, ten cases are given; *Dropsy*, eight cases; *Kidney Disease*, (Bright's perhaps,) five cases; *Chronic Diarrhœa*, four cases. *Female Complaints*: "the effect is truly gratifying in cases which baffle the highest professional skill. \* \*

Thousands would resort to these waters if they were apprised of their alterative power and vitalizing energy." *Schirrhous Affections*: "these springs cure, while the others aggravate cancer." *Chronic thrush*: "after the efforts of science were defied, these waters soon rendered a lady as fine a specimen of health as I ever saw." *Bronchial Affections, Chronic Rheumatism, Snake Bites*: "this water has been resorted to and furnished entire relief in a very short time." Is not the old woman's remedy of getting drunk more reliable? *Affections of the Lungs*: "cases of a very hopeless type have been cured by the use of this water, almost as far back as the memory of man reaches." *Eruptions of the Skin, Poison Oak*, and so on, are nothing now; and indeed we must all go there from the "*tidewater region*." Hear:

"I was struck with what seemed to be a peculiar effect of this water on persons apparently in health, from the tidewater regions of the state. It appeared to act as a specific on their liver and skin, throwing out bile in considerable quantities from the liver, and a large amount of purulent matter through the skin. During the escape of this matter, and through these organs, debility prevailed, and subsequently the system was toned up with astonishing rapidity."

But we must conclude with this pamphlet lest just complaints be made of giving it more importance than it deserves. In doing so, however, let us be understood. We believe the Fauquier White Sulphur springs to be valuable to invalids, and as a place of resort, they are surpassed by few of the watering places of Virginia; but as for the water being a panacea, or the advice of any admiring minister of the gospel being relied on by invalids, they are preposterous. With such trash as the pamphlet before us the uneducated opinion and diseased bodies of the public are fed. To aid in counteracting injurious consequences and averting sad disappointments, we have thus freely spoken our candid opinion of Mr. Stringfellow's book. He is doubtless a very good, worthy man, but "*Burke's Work on the Mineral Waters of Virginia*" will doubtless give better medical advice than this pamphlet; and if the industrious parson has any facts to furnish, the committee on mineral waters of the medical society will, we dare say, be glad to receive them.

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\* Rev. Mr. S., by virtue of his profession, does not pay doctors' bills, nor perhaps hotel bills. He also gives medical advice gratis. How is it with funeral expenses at the springs?

In this connection, we have a few words to say in regard to

*Preachers and Physic.*

The influence of the clerical profession over the public mind in matters temporal as well as spiritual, is unduly great in this country, and we are sorry to say that this influence is courted and exercised on every occasion and in every affair of man where it will be tolerated. Not only the whining, shaved head, ignorant or hypocritical brawler, clothed in the straight laced garb of psalm singing fanaticism, or in the armor of popular bigotry or religious sectarianism, but the meek, mild, philosophic, unpresuming, educated and good devotee to christian labor, seems to regard himself as a general agent and adviser of everybody in everything. The ancient priests, some of whom were possessed of treasures of medical knowledge, are abused for everything bad, still their modern successors seem determined to hold fast to many of their ways, and are loath to give up the position of medical as well as spiritual adviser. Without being at all disposed to make a captious and uncalled for criticism on this privileged class, (and we know that any remarks on the Touch-me-not family will not do us any good,) we are sorry to say that the preachers are the greatest quacks and the most influential dead weights to the progress of medical science in the country. From their peculiar studies and associations, being always looked up to as indisputable authorities, and never being denied or controverted, they very naturally become dogmatical and positive men, both in conversation and in dissertation. They surely have enough to occupy them in their own profession, and have ample field and scope for industry and genius; but it is a part of their vocation to visit many sick chambers, where, like the old women, they soon pick up some little idea of symptoms and the uses of physic, which not knowing how to apply, and having an irresistible desire to attempt it, they abuse, and not unfrequently too, to the detriment of scientific medicine as well as of the poor object of their officious kindness. From their influence over the public mind, their names become valuable appendages to the credentials and certificates of all the humbugs, quacks, charlatans and impostors who have such a sway over the land.

Each newspaper, nostrum bottle and quack circular, will bear us out in the above assertion. And why are they thus arrayed against the *medical corps*? The two professions should rank together—both are, or ought to be, devoted to the great cause of good to the human race. In practical, self-denying philanthropy, physicians are not surpassed by any. Their charity deeds are more numerous and more onerous than those even of missionaries. Small compensation and heavy expense attend them always. They have to “pay the parson” for getting married and for getting buried, while the parson don’t “pay the doctor.” Though the former may be surrounded in his rent-free parsonage by all the comforts, even luxuries of life, enjoying by way of present, a bit of all the good things which come in possession of any of his numerous flock, rarely subject to tavern bills, and generally receiving in fees or fixed stipend a handsome salary, he merely *asks* for his poor doctor’s bill, never expecting it to be rendered. Even

though the minister be under a salary of one or two hundred dollars only, he has every comfort of life free, save some little considerations; he pays no doctors' and few other bills, but at the same time he requires punctual attendance, must know all sorts of things about the kind of physic he takes, its object, &c. &c.

On leaving his well attended and cared for Rev. invalid, the doctor perhaps is called to see some poor widow or orphan girl, who makes by her industry \$100 or \$150 per annum, with which she rents her room, keeps it and herself so tidy and neat that the medical man has little idea of her occupation and resources. After a most patient sickness and ill-afforded loss of time, she sends for her bill, and it is paid, or a painful apology is received. These poor honest souls are sorely grieved to give the doctor trouble, and then be considered by him objects of charity. They however are ever mindful of the slightest kindness received, and strive to advance the interests of their doctor in every manner in their power.

How is it with the Gospel man? He may have received the gratuitous services of some striving physician for years, but upon the advent of some brother of his own church or congregation, the ties of family physician are suddenly rent asunder, and "Brother New-comer" receives the distinguished honor of being made physician to the parson. This is not all—Brother New-comer is recommended warmly and knowingly to the congregation, and through them favorably introduced to the public. The practice of the unpaid doctor is lessened—bread must be taken from his mouth for Brother New-comer Sectarian. These things are of two frequent occurrence for denial, and it is time that the antiquated custom of practising gratuitously upon clergymen and their families should be abandoned, for it is no longer a sensible custom. Of course if they *cannot afford* to pay, they belong to the class of indigent patients, and must be charged like paupers, with gratitude.

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All the exchanges and many other publications have been received. Notices of many of them are omitted only on account of the crowded condition of the present Number.

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### **Trial for alleged Rape---Curious question of fact---Judge, jury and counsel in a dilemma.**

[Reported by J. H. D., M. D., South Carolina.]

At our April term in this district, a man was tried for the crime of rape. The rape was alleged to have been committed in the erect position. The defence was based on the supposition that it was impossible that such an act could be consummated in that posture; and the jury acquitted the prisoner.

I am not aware that it has ever been attempted to demonstrate that a rape could be committed on a woman in the erect position. I infer this, from the fact that no reference was had by counsel, on the trial, to any case of the kind. Chitty, in his Medical Jurisprudence, is silent on this question; nor have I met with anything on the subject in any work I have read.

The state's attorney admitted he could not conceive how such a thing could be done, but contended that a rape had been clearly proved. Judge E——, in his charge to the jury, stated, that the finding of guilty, or not guilty, turned entirely on the question at issue. The jury, after an absence of about twenty minutes or half an hour, returned with a verdict of "not guilty."

The woman left the house of the prisoner, where she had been staying all night. She had not gone far before he overtook her; they walked side by side, he embracing her all the time and treating her with great rudeness. Upon crossing a branch, he said he would "do it or die." She replied she would "die" before he should. Upon this, he confined her left hand under his right arm, with his right arm around her body, and forced her back against a tree, in which position the act was consummated, as alleged by the woman.

It was proved that the plaintiff had on her back or loins an injury of some kind, which disabled her about three weeks; the plaintiff swore that the hurt was received in the act. This injury could not be accounted for, and was supposed to be a common boil or rising.

It was proposed by counsel to submit the question to physicians, as a question of science, as to whether a rape could be committed in the erect position. The judge objected, saying it was not a question of science, and that any other person could explain it as well as physicians.

Now let us enquire, what are the essential conditions necessary to commit a rape in any position? The first and most essential condition is, that the body of the victim be fixed—immovably fixed—so that lateral motion or rotation be impossible, and her hands be so confined that she could not use them to any advantage; these conditions would be indispensable in the horizontal position. Could they be possibly secured in the erect position? Could the act of copulation be consummated in the erect posture by a man and woman, if both were willing? I think no one will deny this. If, then, the woman can be brought by force and against her will, into the necessary posture, and the other essential conditions secured, there is no reason to deny the possibility of the consummation of such an act.

In the horizontal position the ground would furnish the *point d'appui*, and in the erect position a tree would answer the same purpose. Suppose a man in an attempt to commit a rape in the horizontal position should find himself foiled in consequence of his inability to fix his victim, or secure the conditions above specified, would he not be greatly aided in his efforts by fixing his hold on any immovable object that might present itself, as a root or bush, &c? Would not such hold give him greatly the advantage when there was nearly a preponderance or strength on the part of the female. Who has not witnessed wrestlers resort to this means to maintain the advantage they had gained over their antagonists, when without such aid they could not have succeeded in their object.

It was contended to be impossible that in the erect position he could have introduced the virile organ, without the use of his hands, into the vagina. The woman swore that she felt his "private part

in her body." The counsel for the prisoner related an anecdote of England's Virgin Queen," who, in conversation with one of her courtiers on this indelicate subject, expressed the opinion that the consummation of such an act was impossible under any circumstances. Taking down a sword and unsheathing it, she requested him to introduce it (the sword) into the scabbard while she held it; every attempt to do so, however, was foiled by an adroit movement of the scabbard. This anecdote, though productive of considerable merriment, contained not a particle of argument, as it excluded one of the essential conditions, viz. the fixedness of the vagina.

In regard to the erect position, it is evident the introduction of the penis into the vagina would be no more difficult, other things being equal, than in the horizontal posture—their bodies bearing the same relation to each other erect as horizontal. On the ground they would be parallel—erect, they would be the same.

Again, it was contended that it was impossible that he could hold her in that position till he could accomplish his object. The prisoner was a strong and active man, and could entirely overpower a weak woman, (for she was not a very strong woman,) and keep her still in that position as well as in the horizontal, with the aid which the tree would afford him.

In answer to many questions put to her in reference to the position of her arms and his—how he held her, &c.—she replied, that she was so frightened and agitated that she could not recollect all the minutiae.

It was contended she might have used her right hand in preventing the final consummation of the act; but it must be recollected her right hand as well as her left was confined and pressed between him and the tree, which greatly aided him at the same time it rendered her arms powerless and useless. If she attempted to extricate her arms, her elbows would come in contact with the tree, and render all attempts of the kind nugatory. If we suppose he passed his arms around the tree, which was proved to be a "spruce pine," the tremendous pressure he would be enabled to exert on her body would have the effect to fix and render her immovable and powerless; while on the other hand the support the tree would afford would enable him to maintain the erect position and accomplish his diabolical design as effectually as on the ground.

The tree, which was a spruce pine, does not grow very large in this region. The bark of this tree grows very thick, and is divided into deep, longitudinal fissures, in which he would be enabled to fix his hold, and would afford him all the advantages necessary to enable him to accomplish his object, and that as effectually as in the horizontal position. Upon this principle also we are enabled to account for the injury proved to have existed on her back. The rude pressure against the rough bark of this tree would not only aid him in rendering her immovable, but the muscles of her lumbar region would be contused, and inflammation and suppuration would ensue.

Further, it was contended that the separation of her thighs and the introduction of his virile member could not have been effected without the use of his hands. But I cannot conceive how this would be more difficult in the erect posture, other essential conditions having

been secured, than in the horizontal ; and an argument based upon such a supposition would be equally forcible against the possibility of such an act being committed in the horizontal position.

### Case of Malformation in a Child.

BY M. EMANUEL, M. D.

I was called to attend Mrs. H. in labor with her fifth child, and in about an hour she was delivered. In dividing the cord, I observed some malformation about the umbilicus; and as there was considerable flooding, I handed the child over to the nurse, and said nothing until after the expulsion of the placenta, to the upper end of which was attached a sac, containing a pint of coagulated blood. As soon as the mother was relieved, I examined the child, which had the following singular malformation: At each side of the umbilical opening, two small glands projected half an inch externally, resembling the testes, and very vascular. There was no penis, but a well formed scrotum, without testes, and no orifice at the anus. The right leg, from the knee joint to the ankle, was half the length of the other, and in place of a foot, there was a continuation of cartilaginous substance about four inches in length, resembling a finger, with an extensor and flexor attached to the end, movable at will. I made an incision in the perineum, and introduced a female catheter, without any difficulty, three inches up the rectum, but no discharge came away. Before leaving, I left directions with the nurse to notice if the child had any evacuations, and where they escaped. In all other respects, it was a fine, healthy looking child. I thought I would not say anything to the mother at the time; but as I was leaving the room, she enquired if the child was marked with the figure of a horse, as she said that a little before she found herself in the family way she had a fright; that one of her children had fallen between a horse and cart, and she fancied the horse had kicked him and forced his entrails out. This impression was strongly on her mind during the whole period of her pregnancy, although the boy was very little hurt. On visiting her the next day, the nurse said the child took some food, was very lively, and that it had passed both urine and feces, but that it all escaped at the navel. On making further examination, I noticed something of the shape and size of a French bean between the two small glands before mentioned, with an orifice in the centre of the flat surface from which the urine escaped. On the second and third day the child took the breast, the evacuations continuing as before, although the passage into the rectum was perfectly free. On the night of the third day the child was taken sick, and died on the fourth day after its birth. I visited her every day, though several miles from my residence, with the intention of obtaining the child after its death, for the purpose of making a preparation. Unfortunately on that day I was so much engaged that I could not get there, and they buried it immediately, I know not where, to prevent my having it. You are aware how difficult it is for country practitioners to get a post mortem examination, or obtain parts for preparation — *Med. Examiner.*

*Marcus Hook, Del. Co. June 1851.*

**Professional Secrecy to be inviolable even in Courts of Justice.**

We call the attention of our readers to the subjoined extract from the "Charge," delivered by Professor S. H. Dickson to the graduating class of the medical college of the state of South Carolina, in March 1851. Emanating from this distinguished source, these views must carry great weight with them, and if practically adopted, will vindicate the whole body of the profession from the imputation of moral delinquency of this character, of which a few have been guilty. All honor, then, to *him* who suffered imprisonment rather than betray the confidence professionally reposed in him!—*Charleston Med. Jour.*

"The sacred confidence placed in you, from the necessity of your relations with those who commit themselves to your care, is a trust never to be violated. I know of no contingency that should form an exception to this stringent rule. It is but recently, however, that a member of our profession in France has fallen under the penalties of the law, for a refusal to give testimony in open court, that would have included a revelation of secrets confided to him by a patient under medical treatment; and although strong remonstrances have been made to government in his behalf by his brethren and associates, yet the support thus given him, I regret to say, has not been, as it should be, unanimous. A small party has been enlisted in opposition, and one respectable journal at least has advanced the opinion, that for the purposes of justice, a physician should be *compelled* to testify to facts that can be known to him only in his quality of professional adviser.

"I protest against the introduction of any such doctrine into our code of ethics. Confidence between us and our patients should, and must be, as implicit and inviolable, as between the pious Catholic and his confessor; as between the culprit indicted at the bar, and the attorney provided for his defence by the court.

The persons of both these functionaries are protected by universal usage, if not by any positive statute, against any compulsion or penalty for a refusal to communicate what may have become known to them by the peculiar intercourse arising under the inevitable necessities of the occasion. If *we* are not similarly protected, let us sacrifice ourselves freely for a great principle, which will soon be established by firm resolution on our parts. Let us hold him *infamous* and an *outcast*, who under any threat, or any infliction, shall divulge a fact voluntarily made known to him under the seal of professional honor, and for the purpose of obtaining aid from the art of healing. The ends of justice can never be permanently furthered by any course that shall imply a dereliction of that mutual faith, upon which all human compacts must be founded. I will not deny the possibility that some wretch, under the abused sanction of an alleged professional interest, and in shameless infraction of the sacred trust invested in him, may lend himself to assist in the perpetration of crime, and in the concealment of guilty purposes. But this perversion of the high offices and privileges of our profession always arouses against the offender the unsparing anger of those whose fraternity he has thus disgraced; and even a well founded and reasonable suspicion, unless clearly removed, leads infallibly to his prompt denunciation and public expulsion."

BE kind enough, Mr. Editor, to find a place in the Stethoscope for the subjoined circular to the physicians of Virginia and North Carolina. It is hoped that every medical man may consider himself as individually addressed, and may find it convenient to furnish the required information.

*Richmond City, July 1851.*

RO. W. HAXALL.

SIR:—The American medical association, which convened at Charleston in May last, have appointed the undersigned a committee to report to the next annual meeting, which will be held in Richmond on the first Tuesday in May 1852, on the epidemics of Virginia and North Carolina.

The committee desire to embrace in their report the years 1850 and 1851; and as they are not aware that any *record* is anywhere to be found of the epidemics of these two years, or, indeed, of any other, they are constrained to seek information from the practitioners of medicine dispersed throughout the various towns and counties of the two states.

In order to render the information to be received as uniform and as precise as possible, the committee beg leave to propound the following propositions. It is earnestly hoped that answers may be returned by the 1st day of January 1852. This will allow time for the several members of the committee to compare notes, and make out a full report.

State :

- 1st. The topography of the region of country in which you reside.
- 2d. The geological features of the same.
- 3d. The mean monthly temperature and other climatic characteristics.
- 4th. The epidemics of both years (1850 and 1851.)

In connection with each epidemic, state :

- (a) The period of the year when the earliest cases appeared, and the length of time the epidemic continued.
- (b) If confined to any particular section of the district in which you practise, state its topographical peculiarities.
- (c) The trades and occupations of individuals attacked; their habitual exposure to weather, the use of ardent spirits, usual diet, &c.
- (d) The symptoms of the several stages of the disease.
- (e) The post mortem appearances.
- (f) The treatment pursued.
- (g) The rate of mortality.

Physicians residing West of the Blue Ridge will direct their replies to DR. JAMES L. CABELL of the University of Va. All on the Eastern side of the same, to DR. R. W. HAXALL, Richmond.

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|-------------------------|--------------|
| RO. W. HAXALL, M. D.    | } Committee. |
| JAMES L. CABELL, M. D.  |              |
| JOHNSON B. JONES, M. D. |              |

THE



AND

## VIRGINIA MEDICAL GAZETTE.

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No. 9.]

RICHMOND, SEPTEMBER 1851.

[Vol. I.]

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### Reports of American Asylums for the Insane.

With one or two exceptions, we have before us the latest reports of all the asylums for the insane in America. And we would go on to extract from these documents such facts and opinions as are calculated to interest the medical world; and secondly, ought like a novelty in relation to the subject of insanity. These reports are calculated to prove interesting to those having the management of the insane. But taken as a whole, and to the general reader, they are of course liable to the same disadvantages that attend all articles in the shape of monographs. In other words, not unfrequently the most valuable productions of this character will least please the mass of readers. Still the greater part of the reports of American asylums are composed in a plain, clear style of writing, with few technical terms, and, as far as possible, rendered somewhat suitable to the public at large. With regard to their characteristic features, it may not be amiss to refer to the following flattering remarks of the learned and accomplished editor of the great organ of medico-psychological science in Great Britain. Whilst speaking of analogous documents coming from English asylums, he goes on to observe, "So far as reports are concerned, we may with justice assert, that they manage these things better in the United States. We have had occasion from time to time to notice some of the Trans-Atlantic reports, and we unwillingly acknowledge that, in many essential points, they are greatly superior to most of the pamphlets under notice."

The State lunatic hospital at Worcester, until the last few years, was under the care of Dr. Woodward. The trustees, in regretting his recent decease, remark in their report for 1850, that "This hospital may henceforth be regarded, and by the grateful hearts of a long succession of trustees, officers and patients, it will be always recognized, as the Woodward monument." A portion of the community in the neighborhood testified their estimation for the services thus referred to, by presenting to the hospital a bust of Dr. Woodward.

Of the 3598 patients who have been inmates of the hospital at Worcester, according to the report, seventeen committed suicide.

Concerning epileptic lunatics, the most hopeless of all cases of mental disease, Dr. Chandler, the superintendent, remarks in his report—"Most epileptics enjoy the pleasing delusion of believing that their fits are constantly becoming lighter and more unfrequent." We have witnessed this same phenomena in many of these unfortunates. It seems an instance of the law of compensation running through the operations of nature; thus the Divine Love ever "tempers the wind to the shorn lamb." As to the treatment of epileptic insanity, Dr. Chandler very truly observes, that "little can be done effectually in the way of medical treatment. In slight cases, stramonium, nitrate of silver and sugar of lead have got some reputation. In a few cases, unconnected with insanity, a mitigation and a cure even has followed their protracted use. But the instances of recovery are rare. The prospect before them is always cloudy; and experience tells us that it will invariably grow darker." During the spring twenty-five cases of erysipelas occurred. It was noticed that those patients who occupied rooms nearest the hot-air furnace were most liable to its invasion. The air here is rather hot and dry than otherwise. Some of the floors where this disease prevailed are but seldom wet.

In the report of the Maine state hospital an account is given of the awful catastrophe attending the burning of a part of that institution. This has already appeared in the columns of the daily press. The acting superintendent, Dr. Harlow, advances some remarks as to the medical treatment of insanity. He states that he rarely resorts to bleeding, and that drastic cathartics are usually objectionable. Laxatives and the milder cathartics he uses freely. An emetic he thinks occasionally advantageous. Blisters, setons and other counter-irritants he considers valuable and efficient agents in certain cases. But his main reliance is on tonics, sedatives, narcotics and revolutionists. Particular attention is paid to the skin, and warm and cold bathing, according to the indications, are employed to restore this emunctory to its natural functions.

In the report of the Boston hospital Dr. Stedman makes the following judicious remarks concerning the treatment of insanity: "In the treatment of recent and curable cases medicine is often but not always resorted to. By medicine I mean articles of the *materia medica* which are known or supposed to produce a remedial effect on the recipient. I make this explanation, because it is thought strange by some that an insane person should recover without being potently drugged: whereas the simple fact is, that the remedies most in use in our asylums are not sought for in the apothecary's store. Everything—every object recognized by the senses—the food taken, the air inhaled, the rest obtained, the restraint imposed, the exercise, occupation and amusement engaged in; the architectural arrangements—even the size or situation of a window or of a door, a grating or a fence; the objects of the natural world—a tree, a plant, a bird—all or each of these may exert an influence more or less direct and powerful for the recovery of the patient, which all the hellebore of the ancients, with all the opium of the moderns, alone never could effect."

In the report of the McLean asylum is recorded the extraordinary munificence of William Appleton, Esq., as displayed by him to this institution. In 1843 he made a donation of ten thousand dollars to aid such patients as might otherwise, from straitened means, be compelled to leave the institution without a perfect cure; and during the year included in the present report he placed twenty thousand dollars at the disposal of the trustees, in order to erect two edifices, designed to accommodate each eight inmates. These additions are intended for the very wealthiest class; in other words, to furnish such luxurious and appropriate accommodations as have never been found elsewhere before, perhaps, in any country whatsoever.

With regard to having schools in lunatic asylums, Dr. Nichols remarks, in the report of the Bloomingdale asylum, "Within a few years great and praiseworthy efforts have been made to educate idiots and imbeciles, and the results have been most encouraging; and I believe that results of a similar kind, and not less extraordinary, might be achieved upon a considerable class of incurables to be found in our asylums, if they could be subjected to continuous and systematic bodily and mental training, by persons fully competent for such a duty."

The lunatic asylum for the poor of the city of New York is situated on Blackwell's island. It is an object of peculiar interest, in the fact of containing a larger number of insane inmates than any other establishment for lunatics on this continent. It stands in the same relation to our great commercial emporium that the Salpetriere and Bicetre bear to Paris, and the Middlesex county asylum at Hanwell to London. But whilst from these foreign asylums more has emanated in relation to the subject of insanity and the treatment of the insane than from any other source, no fruits in this regard have attended the extensive collection of unfortunates on Blackwell's island. The efforts and writings of Pinel and Conolly, physicians respectively at the Bicetre and at the Middlesex asylum, will never be forgotten; and a number of other medical men might be mentioned, who have effected the most essential service to the insane generally, from the experience which they gained at these institutions. Dr. Ranney, the resident physician at the Blackwell's island asylum, and the visiting physicians also, deserve all credit for the great exertions which they have exhibited to remedy the defects which they found on taking charge of this establishment. The numerical majority in the city of New York controls all the institutions of that corporation; the poor constitute this majority, and it is from their afflicted relatives that are derived the denizens of the mammoth lunatic asylum; it is then strange that this majority should have suffered defects to exist there year after year, without apparently the least attempt to abate them, or to make this asylum hold the same honorable position, both in a scientific and in a benevolent point of view, for which similar establishments attached to large European cities have long been distinguished. One regulation which has been very much condemned is, that instead of providing suitable attendants for the patients, criminals from the neighboring prison have been taken to fulfil this delicate duty. Dr. Ranney observes, that "the employment of a night

watchman and hired attendants, instead of criminals, is to be regarded as one of the most important improvements made since the establishment of the institution. This change has been repeatedly solicited for several years. The prisoners not only steal the clothing of the patients, but anything else of value which falls in their reach. As an illustration, the following case may be mentioned as one from a great number of cases of a similar character: a few years ago, a young lady who had been insane for some time, was admitted, and although partially demented, yet her self-esteem was gratified by the possession of a beautiful head of hair. The morning after admission it was observed that her head was completely shorn, and after a long examination the ringlets so highly valued were found in the possession of a prison aid of the hall, who had committed the theft for the purpose of selling it to a peruke maker. The prisoner was immediately returned to the penitentiary, and another of the same class (perhaps worse) was sent in her place."

The trustees of the state lunatic asylum at Utica, New York, mention the purchase of the library of Dr. Brigham by the institution, the legislature having appropriated fifteen hundred dollars for that purpose; and they remark that they consider it a valuable acquisition, containing as it does most of the European and American works relative to insanity, as well as many medical works. In this opinion we heartily coincide; it would be, we think, a good plan to have an analogous library attached to every institution for the insane. The superintendent of the asylum, Dr. Benedict, touches in his report upon the medical treatment of insanity. Speaking of chronic cases, he observes that it requires much attention to preserve the activity of their functions, particularly a healthy condition of the bowels and skin. Many, says he, are benefitted by the occasional or continual use of laxatives and tonics, a few by anodynes, and the paroxysmal cases by sedatives. As laxatives, he uses aloes, especially the combination entitled the dinner pill, the confection and fluid extract of senna, magnesia and saline laxatives. As tonics, he prefers the different preparations of iron, the sesquioxide, protocarbonate, and iron reduced by hydrogen. He also employs sulphate of quinine and extracts of gentian, valerian, conium, hyoscyamus and belladonna. Of cases of acute mania, many come to the asylum in a perfect fury of excitement, raving, struggling and resisting, exhausted by the journey, and having taken no food or rest for days. It cannot, therefore, be surprising, he goes on to say, that a few die. His practice in such cases is to confine the patient to his room and to his bed at night, and for a part of the day; the medical treatment consists of hot baths with cold applied to the head, prolonged from thirty to sixty minutes, and frequently repeated at intervals of from six to twelve hours; free evacuations of the bowels, if the patient's strength will permit of it, by the compound powder of jalap, compound cathartic pills, Seidlitz powders, or citrate of magnesia. In no case has he found local or general bleeding admissible, but, on the contrary, nutritious diet and brandy punch are generally demanded. He gives from half a pint to twelve ounces of brandy a day, and continues it for weeks, as he does

in mania a potu, the two diseases he thinks resembling each other in their symptoms and post mortem appearances, and admitting of, if not demanding similar treatment. As a remedy in insanity he employs the tincture of opium in doses from half a drachm to four drachms, frequently repeated, more frequently than other narcotics, alone or with ipecacuanha or antimony. This combination he often prescribes, and thinks with advantage in paroxysms of mania. Suicidal cases he places in associated dormitories, the hands being restrained at night. The medicines most usually indicated, he observes, are laxatives and morphia, and warm baths are also demanded. The number of patients in the asylum during the year was eight hundred and sixteen, leaving at the date of the report four hundred and twenty-nine. The state lunatic hospital of Pennsylvania has been recently completed near Harrisburg. In the code of laws governing this establishment, and to the preparation of which the greatest care has been given, we find several items of interest, peculiarly so in the fact that they are the latest opinions of the best authorities on the subject. The board of trustees are appointed by the governor, with the advice and consent of the senate. Of the nine three go out of office each year. Another law of the state is, that the "superintending physician shall appoint and exercise entire control over all subordinate officers and assistants in the institution, and shall have entire direction of the duties of the same." With regard, indeed, to the appointment of these, and indeed all other persons connected with the management of the asylum, in several of the institutions most recently established, the strictest precaution is taken so to conduct the fundamental laws of the state, that no influence can be sensibly exerted save in direct reference to the *real* qualifications of an individual for each particular official station. Another provision directs, that "in order of admission the indigent insane of the commonwealth shall always have precedence of the rich." Again, an example of progress is found in the by-laws, to the effect that the superintendent "may also employ one male and one female teacher for the instruction of the patients."

In the report of the Ohio lunatic asylum, the trustees state that they had appointed Dr. Samuel Hanbury Smith in place of Dr. Awl, who had previously been superintendent from the foundation of the institution up to the date of his resignation. Dr. Smith is an English gentleman of the highest accomplishments. In his appointment we augur favorably for the cause of the insane in the progressive and growing West, and the trustees of the asylum deserve credit in rejecting all other considerations in bestowing so responsible a trust save those of capability. The board recommend, as more than once heretofore, that the legislature shall abolish the distinction of pay and pauper patients, and shall support all alike in the asylum at the expense of the state. They also suggest the erection of two additional institutions for the insane—one in the northern and the other in the southern part of Ohio. They contemplate establishing at the asylum a botanic garden and an arboretum. Dr. Smith's report is a very able and well written document. Respecting the management of the insane, he observes, that "that indescribable qualification, the possession of tact,

is of primary importance, and the art of conversation, of talking well, is only second to it." Concerning food he speaks as follows: "It may not be superfluous to remark that the insane not only require as much, but often much more food, of the very best quality, than the sane, together with every variety that can possibly be offered them. They are not convicts, nor paupers, to be fed as simply and cheaply as possible, but sick persons, in whose treatment a generous diet forms a very important item."

From the report of the state asylum of South Carolina, we see the same plan relative to colored lunatics has been adopted as in Virginia—buildings being appropriated to them at this institution, instead of having a separate asylum for them. The beneficial results seem also to be analogous to those in our own commonwealth, as was foreseen before the law fully provided for the colored race in Virginia.

We cannot conclude without referring to the commendable spirit evinced in all these reports. In all there seems a disposition to foster and encourage every effort to still farther ameliorate the condition of the insane, and to test and discuss every improvement in this regard, from whatever source it may originate, whether on this or on the other side of the Atlantic.

J. M. G.

July 1851.

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### Observations on the Condition of the Obstetric Practice of Virginia.

BY C. R. PALMORE, M. D., OF CUMBERLAND COUNTY.

Of the many causes which oppose the advance of medicine to that station amongst the sciences which it should occupy, and which it has so indefatigably labored to attain, none present more obstacles than that hydra-headed monster, empiricism. Whether we consider it in relation to the infamous doctrines it so sedulously inculcates into the minds of the people; whether we view it in reference to its versatile talent of opposition which it exhibits to the medical profession; or whether we consider it in its peculiar power of taking to itself the cloak of that profession, and thus shielding its malignant actions, we are forced to the conclusion that it bears upon its brazen front the stigma of being the most implacable enemy to medical advance, the most irresistible foe to the profession, and the most terrible scourge with which a civilized community is afflicted.

Had Pandora's box with its dread contents been emptied upon the medical profession alone, it could not have wrought more direful and abiding evil than this Janus faced incubus, *quackery*. Having the peculiar power of taking upon itself the most incongruous shapes, endowed with the most unblushing effrontery, totally regardless of the manner it attains its ends—at one time openly at variance with all the rules of society, law, order, religion or medicine—at another time shielding its malignant body behind any of these which might suit its convenience; knowing no fear; ready to meet or circumvent any

opposition; and last, with a reckless assurance, it presents the most depraved, the most infamous, but at the same time the most insidious and formidable obstacle which exists to medical advance.

With this powerful antagonist both openly opposed to and insidiously laboring at the downfall of the profession, it does not become us to remain supinely indifferent; but knowing our cause to be that of *suffering* humanity, we should be bold and unflinching in our opposition to so vile and despicable a monster. The whole power of the profession should be brought to oppose it, and thus the escutcheon of medicine be cleared of so foul a contamination.

But I do not intend writing a monograph upon the subject of empiricism. I only propose making a few observations upon the present and perhaps prospective condition of the obstetric practice in this state, more especially with reference to the country practice. I wish to point out the empiricism which exists in this connection; so that some older and more experienced person may suggest some good system, which may supersede the present imperfect and eminently unprofessional one; and thus the object which we all have at heart—a lofty and exalted profession, untrammelled by empirical connection—may be at least assisted in its advancement, if not attained.

It would be entirely supererogatory for me to insist upon the importance of this subject. The perils of childbirth, its antecedent and succedent dangers, are so generally known and commonly admitted, that it would be useless to insist upon it; and I have often wondered that people of known sense and respectability should have the blind temerity to entrust to the care of ignorant and conceited women their wives, the partners of their bosoms, whom they are bound by all laws human and divine, as well as by their own love, to cherish, in this their time of trial and affliction. Yet this, which should fall with grating effect upon our ears, is a stubborn fact. I speak advisedly when I state that at least one half the white, and full five-sixths the black women of the country, are attended in parturition by females; and of those which are attended by physicians a portion is attended only in name; the midwife treats the case, reporting to the physician from time to time the progress made; and it sometimes happens the physician don't see his patient till after the delivery. In these cases, if anything should go wrong, his assistance is then required. Is not this a humiliating fact? And why is it so? Why does the profession suffer this state of things to exist? and why does a portion of the profession rather encourage it by its negative action? These are questions much more easily asked than answered.

False and fatally foolish notions of delicacy, amounting in this country to prejudice, and the humble adoration with which the people worship their tyrannical ruler, *custom*, may be mentioned as the most prominent causes why this state of things should exist. Physicians have been remiss in disabusing the public mind of this fallacious prejudice. This is rather an omission than a fault. I know the power of prejudice. I know full well that *custom* sways the people with a dictatorial will—consequently, I can lay no charge for this at the physician's door.

The better to understand the empiricism that exists in this connection, I will suppose a case :

A young and timid lady is seized with labor. This is her first pregnancy. Instead of calling in the family physician at once, the friends, actuated by these false notions of delicacy and by prejudice, but above all, by the fatal custom of the country, send for the nearest midwife, an old woman of no education, perhaps incapable of writing her own name, but filled with her own self-importance and that of her office. She makes a *vaginal examination*, and pronounces "all things right." How does she arrive at this conclusion? Can she, who has had no instruction, tell if the os tincæ is dilated or not? Can she *distinguish* the os tincæ? But suppose it dilated, can she distinguish the anterior from the posterior fontanel, those Drummond lights to the intelligent accoucheur? Can she tell the breech from a shoulder presentation? I answer emphatically, no. Then why does she so sanguinely pronounce "all things right?" Because she happens to know that a large majority of obsterical cases will be delivered *sua sponte*; and she trusts her case to this fallacious and terribly destructive reasoning. I will pass over her fearful descriptions of cases that she has managed, which she now volubly recounts to the bystanders, in hearing of the timid patient, who must be sorely afflicted by them. I will not describe the hairbreadth escapes made by her patients under her judicious management, nor will I attempt to narrate the denunciations which she sometimes metes out against the profession, nor the eulogiums upon her own peculiar system—all going to prove her own distinguished invincibility, and the consequent degradation of her compeers.

But I pass to the second scene in this drama of life. The labor becomes more and more tedious. The pains are fewer and less severe. The patient is excessively wearied, both with the pains and the granny's discourse. The midwife herself is fatigued. She therefore administers ergot, which she calls by the euphonious name of forcing powders. The pains by this means are increased, and now become of fearful violence. The woman is almost frantic with excessive suffering. The midwife becomes uneasy, and the friends, now awaking to the knowledge of their folly, and perceiving, when too late, upon what a slender reed they have rested, immediately send for a physician. He arrives, and quickly understands the state of affairs. Perhaps he has a case of puerperal convulsions, brought on by the ergot, to deal with, or a rupture of the womb, or else a face presentation, with the chin to the sacrum. What can he do? Perhaps nothing. Had he been sent for at first, the convulsions might not have occurred, for he would not have given ergot, unless he knew it was required. So with the rupture. And the face presentation might have been changed to one of the vertex. But now his hands are tied, and either the child or mother, and perhaps both, must be sacrificed to satisfy the blind and destructive *custom* of trusting to ignorance things of such infinite importance as the life of a wife or child. This is a very imperfect picture of what is continually occurring to the country practitioner. No one can say it is overdrawn.

Now I ask, how long will we suffer this blot to remain on the escutcheon of medicine?

I have heard one of these midwives recount how she had on one occasion, after the child was born, tied the cord around the *bed post*, for the purpose, as she very solemnly observed, "of keeping the after-birth from going up." These are the persons upon whom the people of this state so blindly rely in this their hour of trial.

Swift, in his unique and inimitable manner, has described a worthy follower of Esculapius, that flourished in his day, who wished to convince the people of England that they were all wormy; and succeeded so far as to dispose of large quantities of his universal vermifuge. We all smile at the ludicrous folly and mischievous humbug here glaringly exhibited. But we do not think of the time that this occurred.

The intellect of man, obscured for so many centuries by the dark and grovelling superstition of the middle ages, had now just commenced emerging from its chrysalis state and giving promise of its future brilliancy. The medical profession had scarce commenced its ascent from the crude and imperfect theories of the alchymists, the humorists and the solidists. The light which the reformation had thrown upon society had not yet been developed, and man was yet a fit subject for the quackery of designing men. Then we should not wonder, much less smile, that this empiricism should exist; and that charlatans should grow rich on the ignorance and credulity of the people. But in a free, an enlightened, an eminently intellectual country—in a state whose highest boast is to be perfectly independent of all corrupting circumstances, and whose hatred to all things low and despicable is so well known—at a time when society, having advanced with gigantic strides, has attained its present exalted pinnacle; when medicine, untrammelled by the chains which for so many centuries held it pinioned to the earth, assisted in its ascent by the mighty genius of the Hunters, a Boerhaavé, a Sydenham, a Cullen, a Rush, and illuminated by the flood of lights which the brilliant luminaries of the nineteenth century have poured upon it, has approached that exalted station amongst the sciences which its votaries have so long wished. Should we not wonder, should we not smile, should we not deprecate and despise the low, the paltry, yet successful humbugs with which the people of Virginia have been so long afflicted, and from which the medical profession has suffered, and is now suffering so much contumely and undeserved reproach. Do we not suffer in comparison with Swift's physician? Compared with the more modern empiric, Perkins, would we not again suffer? Does not an old *negro* woman (for from this delectable class the ranks of these *good Samaritans* are partly supplied,) making an *examination*, and old Sangrado administering his hot water and blood letting for all the ills to which flesh is heir, form a fair picture of imbecile ignorance and blind depravity? And who gains by the comparison?

That this system of trusting to ignorant females women in child-birth is on the increase in this state, I am unable to say, and I cordially hope it is not; but that the idea of advancing *women* to the *post* of *physician* is on the increase in the United States, no man who is ac-

quainted with the progress of events can for a moment doubt. Some miserable fanatics have obtained a charter for a female medical college in Philadelphia, and I see by a late announcement that the class consisted of thirty females at the last session. Fruitful source of unknown mischief! I read in a late number of the *Stethoscope* an editorial justly and severely condemnatory of a pamphlet entitled "An appeal to the medical society of Rhode Island, in behalf of woman to be restored to her natural rights as '*midwife*,' and elevated by education to be physician of her own sex." Do we not frequently see notices of women applying to our colleges for the right to offer for diplomas? What does all this indicate, but a decided increase of this fanatical spirit. And to what does it tend? I answer emphatically, to the degradation of the profession. Then why do we stand all the day idle and suffer this spirit to spread, when a decided stand by the profession would do so much to confine it within its present limits, if not entirely eradicate it. And how can we better attain this end than by a firm and determined opposition to the infamous system which I have been attempting to describe as existing in Virginia.

I have thus feebly and very imperfectly presented some of my views on this subject, which I consider of paramount importance to our profession. I have refrained from offering any plan by which the evils herein so imperfectly portrayed might be alleviated. I have been actuated in this, partly because I was fully sensible of my inability to mature such a plan, but more especially from my belief that the whole subject should be attended to by some authoritative body, as for instance the Virginia medical society; and whatever plan it might determine upon would carry with it its corresponding weight.

*Stony Point Mills, August 1, 1851.*

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### **Gutta Percha--Its uses to the Physician and Surgeon.**

BY JOHN P. LITTLE, M. D., RICHMOND CITY.

As this article is not as well known as it should be, I have put together some account of its uses and advantages, and of the manner in which it is wrought into various shapes. My wish is to call the attention of country physicians to the fact that it will save them much trouble if they possess and know how to use this excellent substance. It is a product of the East Indies—the dried juice of a tree; a tough, fibrous substance, of a dark brown color. As it seems scarcely acted on by any other agent than heat, and as when heated it will take any form you give it; as it is very tough and strong, and is unaffected either by the temperature or by the secretions of the body, the physician will at once perceive its great value and the variety of uses to which it may be put. Of it are made splints, stethoscopes, bougies, catheters, uterine and ear specula, stomach tubes, pessaries, handles for surgical instruments, caustic holders, tents, eye-glasses, sheets of water proof stuff for dressing injuries, &c., &c., &c. The good sense of each physician will teach him how to make use of it in various cases. It will be found specially adapted to fracture occurring in children, to fractured jaw, or to injuries of joints.

To ascertain a good article, take a small piece, soften it by heat and roll it; if when cold it is tough and strong, the gutta is good; sometimes it breaks like a pipe stem and is good for nothing.

To prepare it for use it should be cut into pieces and torn into strips, that impurities may be easily shaken out. Let it be then softened by boiling water, and rolled out in thin sheets. When these are dry, a stiff brush passed over them will sweep away the remaining impurities. The gutta should be then softened frequently and rolled together, its fibres mixed thoroughly, that it may become a homogeneous mass. In making catheters it is necessary to select the best gutta and prepare it with care; having well selected and well prepared the article, take a small piece, soften it, pierce it with a wire, and on this roll it carefully, softening it as it is needed; when it has thus obtained half the length and double the thickness of the catheter required; let it cool, and then, fastening one end to the tube securely, lay hold of the other with a pair of forceps and pull it out. It will be found that it can be pulled out to twice its length and no farther, unless force enough be used to break it. Insert a wire of proper size, close one end by heat and make orifices; the catheter is complete. A polish may be put on it by passing it rapidly through the dry flame of a spirit lamp. This excellent catheter resists better than the gum elastic ones the action of urine, can be made of any size by the surgeon whenever it is needed, and does not cost more than half a cent in price of material. Some mix lampblack with the gutta, to render it less easily softened by heat; any mixture however makes it brittle. Flexible stethoscopes can be made in a similar manner. It is a peculiarity of gutta percha that when pulled out in this manner it becomes elastic; a property it had not before possessed. These are only some few uses to which it can be put; they are endless, and extend from serving to rub out lead pencil marks to making artificial palates. Out of the profession shoesoles, horsewhips, bridles, water-pipes, picture frames, &c. &c. are made with it.

Gutta percha resists cold and moderate heat; it is not acted on by the secretions; the acids and alkalies do not affect it, or but very slightly; iodine and nitrate argentum do not alter it; æther and alcohol leave it untouched; only two substances dissolve it—chloroform and boiling turpentine, and of these solutions I will speak a few words. Forty grains of gutta percha dissolved in an ounce of chloroform make a reddish brown liquid, similar in properties to collodion, although not quite equal to it. I have applied it to sore nipples and to ulcers, over which it forms a transparent cuticle, protecting from external injuries and allowing the healing process to go on. It serves as a styptic to fresh cuts and to leech bites, and might be of use in chilblains, in preventing the effects of pressure forming bed sores, in protecting the heel from injurious pressure in cases of fracture, or perhaps in annoying eruptions a covering of it would allay the irritation.

One use that I have put it to is, to protect surgical instruments from rusting. By dipping them into this solution they become coated with a thin pellicle of gutta percha, which protects them from air and

moisture, and which can be easily rubbed off or wiped off when the instrument is used. It serves also as a covering for packages of vaccine matter; although the common gutta percha, rolled out and applied by heat, serves even better for such a purpose.

Another use is to render pills tasteless by dipping each one in this solution; the covering formed prevents the taste and does not hinder the effect of the medicine. Capsules could be formed of it for administering *copaiva* or other nauseous medicines.

The other solution is made by cutting up from half an ounce to an ounce of gutta percha and dropping it into a pint of boiling turpentine. It makes a good application to burns; the turpentine is of use in such cases, and the gutta would form a covering to the injured part. Waterproof paper is made by saturating it with this solution, and can be put to many uses. It serves a purpose similar to thin sheets of gutta in using water dressings; or, as oiled silk does, it will retain volatile stimulant applications to any part. As the strongest aqua ammoniæ has no effect on it, we can apply this powerful stimulant by simply pouring it on the paper and binding it tightly to the part. Opiates, turpentine, tincture cantharides, &c. can be thus applied and over large surfaces. The lower extremities can be wrapped up in sheets of this paper, or the whole chest stimulated by means of it; nervous headache, nauseated stomach, or any local pain can be similarly treated.

Of course in applying it we should use moderate heat, that it may fit more closely. From its toughness and strength it will last a long time and serve for many applications. Another use of this turpentine solution is to brush it over anatomical preparations. It protects from air and moisture and also from the attacks of worms; or it may be used to cover bottles of alcohol containing wet preparations.

These are but some of the uses to which gutta percha can be put; its many valuable qualities and its easy applicability to various uses recommend it to the medical profession.

### **Collodion on Stumps of Amputated Limbs.**

To the Editor of the *Stethoscope*.

DEAR SIR,—I have long been of opinion that suppuration after amputation is a cause of protracted and in many cases injurious import, sometimes wasting the already feeble patient, and leading to ulterior consequences prejudicial to the health and well being of the general system, inducing in very many instances hectic fever and a great waste of strength. Recently I have had to perform several minor operations, such as amputation of the fingers and toes; the fingers were for some months previous to my being consulted the seat of paronychia, and from improper treatment the bones in all cases became carious, rendering amputation necessary. I had been informed they had been suppurating for six or eight weeks. The persons thus affected had lost much time, and one of the cases had been extremely hard to manage, she having left home for medical aid several times. The

finger had been laid open by a physician, and poultices used for weeks; this treatment proving abortive, the wound had been dressed with dry lint and Turner's cerate, and very tightly bandaged! After some two or three weeks on this plan and still no relief, I was consulted. I very readily ascertained the bone was carious, and forthwith advised amputation; and as the caries was pretty extensive I resolved to amputate at the third phalanx, ascertaining satisfactorily that the caries extended no further. Having thus operated I simply dressed the stump with cold water for two days, after which I covered it well with collodion every morning; this dressing acted delightfully, and in the space of eight days the stump had healed and was perfectly smooth and well. I am at this time treating a patient whose toe I amputated some weeks since in the same way and with the most satisfactory results. The case was very bad—of date since the first of March; the foot enormously swollen, and general symptoms of oedema of the leg. In this case the physician in attendance had laid open the toe, and various different sorts of dressing had been used; the wound continued to suppurate and the foot and leg continued to swell, and from the wound discharged a very offensive purulent matter, and some sanguineous exudation. By the use of my probe I readily detected caries of the first, second, and a part of the third phalanges. The amputation was performed at the joint, well up to the foot; the cold water dressing applied the first week; the oedema of the foot and leg subsiding, the collodion was applied as before mentioned. The swelling returned but for a short time, one or two days, and that probably from improper motion of the limb; the patient is now fast recovering and his foot entirely reduced in size to its natural dimensions. I have thought these cases interesting, and have supposed old ulcers, situated in old cicatrices, the *pest of every surgeon*, might be treated successfully in the same way. One very great advantage the application has is, that it makes a covering itself, excludes the atmosphere, and effectually keeps off flies and other insects that might prove injurious, especially where proper care and attention are not bestowed by the patient or nurse. This I consider of moment in regard to our slave population, whose negligence and inattention to such matters must have attracted the notice of the most superficial observer.

Very respectfully,

G. LANE CORBIN, M. D.,

*Of Laneville, Warwick Co.*

P. S. In applying the collodion, whenever a crack or fissure appears over the stump I have had it filled up with the article, so as to have the coating perfect all the time the patient is undergoing treatment.

[We have effected union by the first intention, with scarcely a trace of a cicatrix, after the excision of tumors and sections of the skin on the exposed parts of the body, by adjusting the part nicely and applying collodion, or by sticking a couple of pieces of kidskin near the edges of the wound, and then with a common needle and thread lacing them together.—ED.]

**Report of two Surgical Cases in Private Practice.**

BY ROBERT G. JENNINGS, M. D., OF CHURCH HILL, HALIFAX CO., VA.

*Case of Wound of Abdomen, with Protrusion of Intestines.*

Radford, a very robust and healthy negro, aged 33 years, was thrown from a horse (June 1st, 1851,) against a rail fence, and besides various bruises about the back, shoulders and thigh, had a perforation made by the end of a rail in the abdomen, on the margin of the left hypochondriac region, about four inches long, directly across the belly. Being close at hand we saw him immediately, and found a large mass of intestines protruded through the orifice, a good deal dirtied by the sand and grit in the road on which he fell. This mass included nearly the whole of the large intestine, much distended with feces. Besides one or more discolorations, we found that the peritoneal coat had been entirely torn off for a space about the size of a dollar, near the lower end of the colon. The bowel was washed with tepid water, returned into the abdomen, and the orifice closed with the interrupted suture, over which were placed adhesive strips, a compress and a bandage—pulse weak and extremities cool. A little toddy was given him, and warm rocks applied to his feet. In a short time he threw up the toddy together with his dinner, after which he lay pretty quiet, only complaining of his shoulder when moved. In about six hours reaction occurred; his extremities became warm and his pulse returned to the natural standard.

June 2. Patient rested well last night, and feels comfortable when still; complaining principally of his shoulder on motion—pulse somewhat excited, and abdomen tense. Ordered purgative injection, which operated freely and softened the belly and pulse somewhat. Opened a vein; but his pulse beginning to give way when about 3ij were drawn, the orifice was closed. Pres: quiet, low diet and slippery elm injections every two hours. In afternoon found pulse 84 and abdomen rather tense, with complaint of general soreness. Ordered purgative enema.

June 3. Patient comfortable—pulse 68—tongue white and mouth tastes badly. The wound looks well, though there is a circumscribed swelling around it, pressure on which causes an audible rush of air. He has had a free passage from injection, and in the afternoon broke out into a full comfortable sweat.

Directed purgative injection every morning, and slippery elm injections occasionally during the day.

June 4. Patient comfortable—pulse 50—abdomen softer and smaller—tongue white—emaciation evident. Master gave a cup of hot water tea this morning, with a piece of biscuit crumbled in it, which he relished. He has had a small passage from injection. He was allowed three cups of hot water tea per day, with injections as before.

June 5. Patient comfortable—pulse 54—tongue rather white. Abdomen soft, and bears pressure without complaint. He ate a piece of stale bread last evening, and a biscuit in his tea last night. He was much troubled with colicky pains during the night, which were relieved by a free passage this morning.

Diet and treatment as before.

June 6. Patient comfortable—pulse 50—tongue nearly clean.

June 7. Patient complaining only of the sore on his side, which has not been dressed since the 3d—pulse 50—wound closed, and suppurating a little, stitches firm, swelling as before, but more tender, and crepitation observed.

Reapplied dressings with simple cerate. Diet, &c. as before.

June 8. Patient comfortable—pulse natural—tongue clean—belly soft and patient of pressure except over wound.

June 9. Patient as before—stitches loosening in wound, which is healing—swelling gone down.

Pres: Wound to be kept clean, and adhesive straps applied when required, and caution enjoined as to diet and exercise.

June 10. Patient as at last visit—wound healing and stitches loose. The swelling has returned about the wound, where the vermicular motions of the intestines were very evident through the walls of the abdomen. As the prominence varied in form and size with these motions, they seemed evidently caused by the distended gut pressing against the weakened parietes.

June 14. Patient with rather more excitement than at last visit—pulse 64.

June 18. Patient doing well—wound closed and stitches all gone—swelling slight—healthy passage every day. He has a good appetite, and is recruiting in flesh and strength.

From this time Radford improved steadily, and is now (Aug. 4th) employed about his usual work in the field.

### *Case of Polypus in the Womb.*

Mrs. J\*\*\*\*, aged 56 years, of a bilious temperament, and the mother of 12 children, always enjoyed good health till within the last ten years. For the first few years within this period, she suffered much from headache and sick stomach during her monthly courses. Afterwards she was troubled with pains in the hips and loins, shortness of breath and violent pains in the womb, resembling those of labor, with occasional severe floodings. About five years ago she discovered a tumor in the vagina, about the size of a pullet's egg, which continued to increase in size rapidly. Mrs. J. considered it a prolapsed womb, and always kept it back in the vagina, until while stooping in the morning of July 22d, she *sneezed*, and the tumor escaped from the vagina. On the evening of the 23d I was called to see her, and found a polypus the size of a child's head, and very vascular, with a stem about as large as a man's thumb, which passed through the os uteri into the cavity of the womb. This stem felt firm and consistent. Having no wire in my case, I passed a silk ligature, by means of a double canula around the stem, as high up as the os uteri, drew it tight, and secured it by wrapping the ends of the ligature around shoulders of the canula.

I saw her again on the evening of the 25th, and found her pale, with sick stomach, which she attributed to the mass having become

offensive. She was very solicitous to have it removed immediately. Being satisfied that the operation would be safe, in consequence of the previous application of ligature, I divided the stem immediately below it, and removed the offensive mass. This operation, as well as the previous one, caused no pain to the patient.

The polypus weighed  $1\frac{1}{4}$  lbs.

August 1. The ligature has come away, with a portion of the remaining neck, and Mrs. J\*\*\*\* says that she feels better than she has done for five years.

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### **Report of a case of Caries of the Tibia, with extensive Disease of that Bone and of the Fibula---Amputation.**

BY JAMES BOLTON, M. D.

[Presented to the Medical Society of Virginia, with the pathological specimen, at its July meeting.]

J. A., male, æt. 45, colored—house servant.

*History of the Case.*—Since about ten years of age has suffered rheumatic pains of left leg. About nine years since pains increased and an abscess opened five inches below the knee, which has continued to discharge fetid pus, mixed with debris of bone.

Last fall he suffered from endocarditis, probably with ascites and anasarca of the scrotum and legs. Since then he has remained in a state of cachexia.

April 26.—*Present Condition.*—Large abscess about the middle of the shin. The upper half of the tibia enormously increased in size—this condition has existed several years. A cloaca exists on the anterior ridge of the tibia, about five inches below the knee, which penetrates the bone to its centre. It occupies the site of the abscess mentioned above.

*Operation.*—Anæsthetized the patient with chloroform—laid open the abscess throughout its extent about four inches, and gave exit to a large quantity of excessively fetid, ill-conditioned pus—probed bottom of abscess and felt rough denuded surface of tibia the entire extent of the abscess.

28.—Determined to trace the extent of the disease with the view of its removal if possible.

Anæsthetized the patient with chloroform—extended the incision upwards to the insertion of the ligament of the patella, and downwards about two inches below the abscess. Found disease affecting the bone through the whole of this extent, passing back to the interosseous ligament and involving the fibula. It was therefore impossible to remove the diseased bone, and the only alternatives which remained were leaving the patient in the hazardous condition of cachexia, induced by long continued and extensive disease, aggravated by the extensive examination, and that too at the commencement of warm weather, or to remove the source of constitutional irritation by amputation.

The latter was decided by consultation as probably giving the patient the best and perhaps the only chance for his life.

*Amputation* by double flap, above and below, was performed as near to the joint as possible. The arteries were secured, the wound cleansed, and closed by stitches, adhesive plaster and roller.

*Examination of Leg and Portion of Femur.*

Portion of femur removed measures six and a half inches. A crested ridge of exostosis extends around the articular surface at the line of attachment of the capsular ligament. Articular faces inflamed and ulcerated.

**TIBIA.**—Circumference of upper extremity, - - - 10 $\frac{3}{4}$  inches.  
Do. 3 in. below upper articular surface, 9 $\frac{3}{4}$   
Do. 10 do. do. - 7  
Do. - - - 4 $\frac{3}{8}$

**CLOACA** 4 $\frac{1}{2}$  inches from superior articular surface. Diameter  $\frac{3}{8}$  of an inch and  $\frac{5}{8}$  deep. Longitudinal section exhibits a carious cavity occupying the place of the medullary canal, extending into the cancellated structure of the bone.

**CARIOUS CAVITY** commences 1 $\frac{1}{2}$  inch from the upper articular surface—length, - - - 4 $\frac{3}{4}$  inches.  
Greatest diameter, - - - 1 $\frac{1}{2}$

The shaft of the tibia from the knee to the ankle nearly covered with exostosis, especially about the extremities. Fibula in same condition. Bone of the foot sound. The patient did well, except being troubled with hickup during the first ten days.

In five weeks stump healed, except two fistulous openings, which communicated.

Patient sent into the country to recruit. Returned in a fortnight, complaining of pain near the inner extremity of the cicatrix, where there was a bony deposit pressing against it. A probe passed into one of the fistulous openings passed through the projection of bone.

*Operation.*—Anæsthetized the patient with chloroform and excised the protruding bone.

July 14.—The patient is now doing well.

*Remarks.*—This patient was kept under the influence of chloroform on the occasion of the amputation nearly two hours, by the use of 1 $\frac{1}{2}$  chloroform. His pulse, which was previously about one hundred per minute, rose during part of the time to upwards of one hundred and fifty. He awaked in ten or fifteen minutes after discontinuing the use of chloroform, and was surprised to find himself minus a leg. The time was consumed in making examinations, with the view, if possible, of adopting some means of saving his limb. There were no alarming symptoms.

It is remarkable that the disease should have existed so long, probably thirty-five years, making such slow progress, and producing so little constitutional disturbance.

**Clinical Report of a Surgical Case at the Almshouse.**

SERVICE OF PROFESSOR C. P. JOHNSON.

*Remarkable Case of Double Hydrocele—Reported by DAN. S. EVANS, M. D., Resident Student in the Richmond Almshouse.*

The following case was presented to the class on October 19th, 1850, by Professor Carter P. Johnson, then in attendance upon the surgical wards of the almshouse :

The patient, a negro man about 70 years of age, had been admitted into the almshouse on May 18th, 1849, laboring under a tumor of the scrotum. This tumor had existed for two or three years, and originated, in the opinion of the patient, from a local injury to the part, done by the kick of a cow. From the date of his admission the tumor regularly increased, and at present exhibits an immense size. Apparently, it equally affects both sides of the scrotum ; its size and weight are such that the integuments of the abdomen have been very considerably drawn downwards to such an extent as entirely to conceal the penis, which can be felt lying in a sort of groove in the superior surface of the tumor. In the bent position which the old man constantly assumes, the tumor hangs down to within two inches of the knees and separating the thighs from each other, interferes so much with the locomotion of the patient as almost to prevent his taking any exercise.

The pathology of hydrocele, its causes and symptoms, and the mode of diagnosing it from other scrotal tumors, were carefully pointed out to the class. The difficulty attending the diagnosis when the tumor has reached a very large size, and especially in the negro, where the principal diagnostic sign, transparency, is absent, was well illustrated in this case.

After stating the different modes of cure proposed for this disease, and expressing the opinion that a radical cure was by no means impossible, Professor Johnson proceeded to operate upon the right scrotum. Upon puncturing the tumor and introducing the cannula, forty-four ounces (1 quart and 3 gills) of serum were drawn off. The scrotum was injected with the following preparation : Iodide potass.  $\text{3i}$ , aqua  $\text{3vi}$ , tinct. iodine  $\text{3i}$ . M.—and the patient put to bed.

On Nov. 2d, two weeks after the operation in right side, the same operation was done upon the left scrotum, and fifty-two ounces (1 quart, 1 pint and 1 gill) of serum was drawn off. This was injected with the same preparation. On this side a radical cure was effected by the first operation. But on the right side, inflammation not following the operation to a sufficient extent, the fluid re-accumulated, and on the 23d of November, 5 weeks after the first operation, the tumor was again punctured, and twenty-four ounces of fluid evacuated. On the 1st of February again eight ounces were drawn off, and again about the first of April six ounces were withdrawn. Each time the tunica vaginalis was injected, and since the last operation no re-accumulation has taken place.

The patient is now entirely relieved—the scrotum is not very much larger than ordinary, and with a common suspensory he is enabled not only to walk about, but also does a good deal of work in a garden attached to the almshouse. His penis has emerged from its sheath, and he can pass his water without any danger of excoriation.

### **A Voice from the Country on Professional Improprieties.**

MR. EDITOR—The portion of our state in which I reside is but sparsely settled, and for that reason somewhat behind hand with the great improvements of the age. The axe, however, is plied diligently, and agriculture, with her concomitant interests, is making gigantic strides. But, sir, whilst every other improvement is being adopted, those connected with the science of medicine alone meet with but little encouragement. Our statesmen, our lawyers and our tradesmen will compare favorably with those of any country, but our physicians, most of them, are standing still. I hope, however, that a new era is about commencing; the “Stethoscope” is finding its way to the most of us, and its circulation will be life blood to the profession. But I am not coming to my subject. My object in writing this communication is to call your attention to certain practices which obtain here to a considerable extent, but which should everywhere be frowned down.

The custom of practising in families by the year is the first to which I shall call your attention. This is a most contemptible method of getting a *job*, and is even unworthy of a tradesman. This habit prevails to some extent here, but it is scouted by the most respectable practitioners amongst us, and I think, with an occasional broadside from you, the day is not far distant when it will be put down. But as you have touched upon this subject several times, I will say no more for the present upon it.

Again: I would call to your notice a practice which calls still more loudly for reform, viz: using, and even in some cases making, quack medicines. This is done in the one case to save the trouble of making out prescriptions, or perhaps oftener for the purpose of catering to the false notions of the patient or his friends. In the other case it is done for pelf.

Every tyro in medicine must know that quackery is an evil of the first magnitude to the human race, both directly by poisoning them, and indirectly by bringing the real science into disrepute. No physician who has any love for his fellow creature, or any respect for himself, should ever countenance the use of such agents. He is the guardian of the public health, and therefore commits a moral error in leading the people to use medicines which will injure them. It is also very irrational to give countenance to any course which has a tendency to disgrace his calling in the estimation of all sensible men. This practice is far from uncommon even among men who would be very unwilling to be thought out of the pale of the profession.

There is one very common breach of etiquette which I hope you will notice some time: The visiting of each other's patients, without

an invitation from the attending physician, under the pretence of friendship. Now it is perfectly right for a physician to feel an interest in his friends, whether they are his patients or not; but he can very easily make his visit while the attending physician is present, or request permission to do so of him.

NORTH WEST.

August 1851.

### Medical Society of Virginia--August Meeting.

DR. JAMES BEALE, first vice-president, in the chair.

(Present—thirty members.)

After the minutes of the last meeting were read and approved, the following gentlemen were balloted for and declared duly elected members of the society :

J. L. DORSETT, M. D., of Chesterfield.

E. H. SMITH, M. D., of Dinwiddie courthouse.

JESSE F. WINFREE, M. D., of Henrico.

W. A. L. POTTS, M. D., of Richmond city.

A. C. Pleasants, M. D., of Richmond city.

Letters of application for membership were read from a number of gentlemen from different parts of the state, who were duly nominated and seconded, and laid over for a month under the rule.

UTERINE DISPLACEMENTS being the subject of discussion for the evening, DR. GOODRIDGE A. WILSON proceeded to read

### A Paper containing a few Practical Hints on Prolapsus Uteri.

The frequent occurrence of uterine displacements, their serious effects upon the health and usefulness of females, and the small measure of success attendant upon efforts at cure, all combine to throw peculiar interest around this class of affections.

The reader of this paper will not attempt an elaborate essay on these fruitful subjects. Every member of the society has equal access with himself to many valuable works recently issued from the press, containing full descriptions of the uterus, its anatomical relations, its functions, and the progress attained in the study of its pathological states.

The limits of this paper will be confined to prolapsus uteri as it usually presents itself to the practitioner, and to the illustration of a few practical points in immediate connection with it, in which the writer has been driven to entertain opinions at variance with the great mass of writers and teachers of medicine.

I shall forbear entering the discussion as to the particular anatomical arrangement by which the uterus is maintained in *situ naturali*. We know that this arrangement, whatever it is, is very imperfect, as the

frequent occurrence of this class of affections abundantly proves. Were the uterus bound down by firm, inelastic ligaments, or propped up by rigid, unyielding, unrelaxing vaginal tissue, these conditions would defeat the progressive changes and final completion of the great function of utero gestation. The imperfect anatomical arrangement then, on which this whole class of affections depend, is an indispensable necessity to the exercise of the function for which the organ was made.

But before going farther, let us have a clear idea of the disease under consideration. What is the state of organs in prolapsus uteri?—what its pathology? Whatever opinion is entertained as to the ultimate cause of the disease, whether it depends upon a preternatural laxity of the ligaments proper, or the superincumbent weight of a hypertrophied womb, or an ulcerated or engorged os, it must be admitted that the disease consists essentially in a shortened vagina. Any abbreviation of the natural distance between the os uteri and the external vaginal orifice can only be at the expense of the tissues of the latter. In every case of this disease then, the vagina is pressed down, bent or doubled upon, or invaginated within itself. The ligaments above may be ever so lax, the superincumbent uterus ever so ponderous, the os ulcerated to any extent, but unless the vaginal walls give way no descent or falling of the womb can take place. The full appreciation of this idea is deemed essential to a just comprehension of the disease and of proper measures for its relief.

Designated as it is *prolapsus uteri*, the mind is naturally led to look to the womb and its superior attachments exclusively. The real defect exists in the base on which it rests, in the loss of tonicity—the absence of that erectile or contractile property inherent in the healthy submucous tissues of the vagina.

It is a common error to regard this latter organ as an open cavity. In a state of health the areolar tissue surrounding the vagina and the action of the sphincter keep the sides of the vagina in close apposition—"the mucous corrugations mutually ingrained, to the perfect exclusion of the air."

Whitehead reminds us that this contractile property of the tissues of the vagina "may be admirably verified by the aid of the speculum, in the withdrawal of which the walls of the vagina may be seen to fall firmly together, presenting at every move an almost horizontal surface; and so energetic is this contractile power, that ere the instrument has receded three-quarters of an inch from the cervix the organ can no longer be seen," on account of the close approximation of the vaginal parietes, due to the exercise of this property.

The existence of this physiological property of these tissues should be constantly borne in mind. It leads us to regard the healthy vagina as a sac completely shut, or even as a solid cylinder, rather than an open tube. It is the loss of this property on which the disease under consideration depends, and on its restoration alone can we hope for a cure.

The causes of prolapsus are all such as are capable of destroying this tonicity of tissues and producing relaxation, whether these causes act on the system generally or locally on the pelvic viscera.

Organic diseases of the uterus, particularly of its neck, are frequently attended with prolapsion; but this can only take place by implicating the general system, or the direct extension of the morbid action to the vaginal tissues. The accomplished Prof. Meigs says ninety-five per cent. of the cases are caused by gestation and labor. This would probably be the united testimony of medical men, pregnancy, labor and lactation being the fruitful source of that degree of relaxation which is the condition precedent to a prolapsus. The disease is almost confined to the child-bearing period, never occurring before puberty and but rarely after the menstrual life.

I will not detain the society with a detail of the ordinary symptoms of *prolapsus*. Whilst the immediate effects of such displacements on contiguous organs are comparatively few and readily appreciated, the remotely reflected irritations are as numerous as might be expected from the free nervous intercommunications of an organ which in health gives character to the entire being of its possessor.

The amount of distress in each case depends greatly on the temperament of the patient, a very slight descent in some producing the most distressing train of nervous symptoms, whilst others will bear a much greater degree of prolapsion, and complain only of the local symptoms produced by the unnatural position of the organs.

It is very important to distinguish between the symptoms proper of this disease and those which follow more remotely, as, in the opinion of the writer, important practical inferences are to be deduced from the distinction.

Unquestionably the most serious consequence of the disease and prolific source of ill is the want of exercise, the confinement to which the patient is subjected, and in which her sensations so naturally prompt her to indulge. As a consequence, indigestion with its hosts of morbid sympathies, swell the catalogue of evils which assail the system of a patient already alive to every agency and impression, from a uterine displacement, and confined to the horizontal posture nine-tenths of her time. These symptoms, primary and secondary, act and re-act on each other until it is but a poor expression of her sufferings to say "life is a burden."

The following will be admitted a fair representation of the disease as it usually presents itself to the practitioner: A female having married early in life and borne children rapidly, is observed to grow thin and feeble during the active period of lactation. In a short time pain and other unpleasant sensations about the pelvis are complained of; these latter increasing progressively until the usual exercise is prevented, and the patient incapacitated for ordinary participation in domestic duties, she soon finds the recumbent posture necessary for relief from her morbid sensations, and is naturally and easily persuaded that a position giving so much relief, if persevered in, will finally cure. Adhering to this regime she soon becomes the prey of indigestion and its consequences, her general health broken down, her whole sensitive being but the generator and reflector of morbid impressions. The mind participates largely in the general wreck—is the subject of every conceivable sort of anxiety, until the patient pre-

sents that most pitiable spectacle of a young person in the heyday of life cut off from its social enjoyments and from the pleasant duties which maternal affection suggests. She drags on from day to day, her hopes for the future obscured by the gloom of present perceptions. But let us hurry on to the consideration of the remedies of these ills—of the means of *cure* which the medical art proposes.

It must be confessed that a candid view of results is but little calculated to cheer the hopes of this class of unfortunates. Is it not a fact, that even the skillful application of the remedies almost uniformly recommended by authors and teachers is seldom rewarded by any permanent relief? I believe this want of success to be due in a great measure to a fundamental error in treatment, and this error consists in the use of mechanical means of support, and the neglect of such medication as will impart tone to the tissues and general strength to the system.

My main object in appearing before the society on this subject is to enforce these views.

The pessary is a very ancient contrivance, having long been sanctioned by medical men. I shall not speak of the many petty annoyances or occasional serious consequences which attend their use; but take stronger ground, and maintain that they in nowise contribute to the radical cure of the malady, but on the contrary defeat the restoration of the tissues with which they are brought in contact, to the enjoyment of those vital properties and healthy functions which alone can prevent this disease.

In speaking of the pathology of prolapsus, I endeavored to give prominence to the fact that the healthy vagina is always a closed sac—a cavity obliterated by the contractile power of the tissues—and that it is the loss of this power—no matter by what agency—which constitutes the essence of the disease. When the tissues exercise their natural function, collapse of the vagina and prolapse of the womb is a physical impossibility.

In view of these facts, in what manner can the distension of the upper portion of the vaginal canal, by a pessary of sufficient size and density to maintain itself in position, contribute to the restoration of the tonicity of the relaxed organ.

On the contrary, will not its presence mechanically (to say nothing of the irritation it occasions) defeat the return of the parts to that condition which alone can ensure against prolapsion. How can the organ, widely distended by a metallic globe or segment of a circle, resume its natural state—that of an obliterated cavity? The presence of the prolapsed uterus surely cannot operate to the same extent as an irritant or as a mechanical hindrance to the natural contraction. The eminent Prof. Meigs, who has contributed so largely to the elucidation of this and kindred affections, says that he uses a pessary for the same purpose that he would a suspensory bandage for orchitis, or a splint for a fracture. But is a suspensory to be tolerated which prevents resolution in the one instance, or defeats re-union of bone in the other?

It is true he enjoins constant care to diminish the size of the instrument so that this contraction may take place. But is it not plain that

a pessary of sufficient dimensions, so to imbed itself in the tissues of the vagina as to act as a suspensory for the womb, in opposition to the varied action of contiguous organs, and of the diaphragm and abdominal muscles, must effectually defeat the return of the parts to a natural state?

I will merely allude to the fact, that these instruments almost uniformly produce excessive and unhealthy vaginal discharges—a state very unfavorable to healthy tonicity.

But although the *a priori* reasoning is thus decided against the use of pessaries, it would be of little value unless sustained by the results of experience. And to what conclusion does a candid review of these results lead? Will it be maintained that their use has been followed by results so successful as to demand the rejection of the premises which have been assumed, and the conclusions drawn from them.

Although I have been a diligent enquirer, I have never yet found the man who had seen a case of prolapsus cured during the use of the pessary.

Hundreds of females are annually sent from the South to the Northern cities, for the express purpose of being supplied with pessaries made to order. The writer himself pleads guilty to the absurdity. He is acquainted with the history of some 12 or 15 cases—the patients of himself and his intimate medical friends—who have been sent North for the benefit of skillful treatment.

They became the patients of the most distinguished men. Pessaries of various forms were devised, adjusted and re-adjusted during a residence of several months—and in some of the cases, during repeated visits and protracted stays for the purpose; and yet disappointment has been the invariable result, not one of the patients experiencing any permanent benefit, or indeed any improvement at all, more than might have been expected from the same amount of travel in any other direction, and freedom from domestic cares.

The following case, which occurred to me several years since, so fully illustrates my views, and in fact contributed so largely to the formation of opinions which led to a more successful practice, that at the risk of being tedious, I will as briefly as possible narrate it:

Mrs. \*\*\*\*, a delicate, nervous lady, who had married early in life and borne children rapidly, of capacious pelvis, suffered much in the latter stage of her sixth pregnancy from precipitation of the uterus. Despite of much care at her accouchment, and during the month, she complained occasionally of the ordinary symptoms of prolapsus. These symptoms however gave but little trouble, until she had undergone the demands of lactation for about eight months. After that period her general health declined rapidly. The uterine symptoms soon became so distressing that no posture save the recumbent could be maintained in comfort. The patient rapidly became the victim of indigestion and the whole train of nervous disorders, physical suffering and mental disquietude, so characteristic of the disease. After several months of unsuccessful effort at treatment, in which a great variety of pessaries were used, it was determined to take her to a

Northern city, for the benefit of more skillful counsel and better contrived instruments. My patient commenced the journey comfortably fixed on a bed, both her general debility and local symptoms demanding it. The motion of the vehicle produced such severe neuralgic symptoms, that the propriety of abandoning the undertaking was seriously discussed. It was determined however to proceed. The patient soon found herself more comfortable in the public conveyances. She soon commenced rallying, and by the time she had reached her destination, was less fatigued than her attendants—indeed in better condition than she had been for many months, having of her own accord abandoned her bed. She was placed under the care of a distinguished practitioner. During a stay of some two months she was supplied with pessaries just suited to her case. Under judicious general treatment, and the attraction of novelties around her, the patient improved greatly, and returned home full of hope and with renewed relish for life.

The first menstrual period, however, brought back the “source of all her woes.” Pessary and uterus were found resting on the perineum. The next succeeding several months were passed in adjusting and adapting her mechanical support to the varying degree of relaxation of her tissues, her general health and comfort vibrating with the local malady, until she finally relapsed into the condition she was when she first set out to the North. At this juncture it became desirable for her to visit a distant state. She was encouraged to do so—all pessaries were dispensed with—she was supplied bountifully with pills of ext. gentian and iron—directed to make free use of cold bath, general and local, and supplied with an elastic bandage of simple construction, affording comfortable support to the relaxed perineal and abdominal walls. In two months my patient returned home, having made the circuit of a large portion of the United States, free from all her harassing symptoms, in good general health, and, indeed, able to visit her neighbors on horseback. This improved state of health continued for three years—until after a subsequent pregnancy and delivery, when they returned—but were promptly relieved by pursuing the outlines of treatment which had been successful before, and following up the indications which the case had revealed.

I would here repeat that the most serious consequence of this disorder is the confinement to which patients are prompted by their sensations to doom themselves. In this self-indulgence, to the extent of almost constantly maintaining the horizontal posture for months, they are too often encouraged by medical advice. In cases of this disease, uncomplicated with any organic affection (constituting seven-tenths of the cases) dependent entirely upon undue relaxation of the tissues, surely nothing can be more pernicious.

It is a difficult task to induce patients to act so much in opposition to their own sensations, as to disabuse their minds of the almost uniformly erroneous idea that exercise would end in serious bodily injury.

The writer has abundant reasons to know that many poor women spend useful and comfortable lives with a degree of prolapsus that would embitter the existence of those whose circumstances enabled

them to be more self-indulgent. Their necessities required a degree of activity which secured their general health, and fortified their systems against those varied sympathies which follow in the train of luxury and ease.

Is it not true that a large majority of the patients who consider themselves cured of this disease still have a shortened vagina? They are free from all of its disagreeable sensations and distressing effects, because their systems no longer sympathize with the displacement—a cure near akin to that which comes with the decay of active uterine life and the final cessation of menstruation.

It has already been mentioned that the disease under consideration is occasionally associated with and dependent on organic disease, such as active engorgement, ulcerations, granulations or erosions of the os, or leucorrhœa, uterine or vaginal. These complications frequently occur in the sterile and unmarried. I have already endeavored to shew that they can only produce prolapsus by their direct extension or sympathetic action on the vagina.

No one would advocate the use of pessaries under such circumstances, the cure of the organic disease by appropriate general and local treatment being followed by prompt relief of all the symptoms. A more interesting question is the true relation which these organic affections bear to prolapsus, whether as causes or effects.

In the opinion of the writer they rarely exist in the early stages of that great class of cases produced by utero-gestation, being confined to old cases, having been long abused by the use of pessaries. In the published reports of cases of diseased os uteri it is instructive to notice what a large proportion have been treated with these instruments.

A very brief recapitulation will close this paper.

My own experience, which, it is just to state, has been more ample than satisfactory, has led me decidedly to the following conclusions:

1st. That pessaries should never be used where any hope is entertained of a radical cure of the disease, but confined to cases hopelessly incurable, and to be worn through life.

2d. The great indication of cure consists in the skillful selection of such agents, and adoption and observance of such hygienic rules, as will impart tone and vigor to the general system.

3d. Injections of simple cold water have more efficacy in imparting healthy tonicity to the tissues than the whole batch of astringents and stimulants, the use of the latter being only indicated by a diseased state of the mucous membrane and its secreting accessories.

4th. Bandages, though scoffed at by high authority, when so constructed as to give support especially to the perineum and external genitals, greatly promote comfort in the process of treatment.

Dr. JOHN P. LITTLE, during the discussion, read the following embodiment of his views on the subject:

The abdomen is the only great cavity whose organs admit of and require great increase of size, and consequently its walls are capable of great dilatation. Of these walls, the upper one, the diaphragm,

being strongly muscular and kept in place by the heart and lungs, and the back, consisting of bones and powerful muscles, cannot give place; the front, consisting of thin muscle, and the floor, of bones and perineal muscles, can and do permit distension to take place by yielding to the pressure of the enlarged organs.

If these enlargements are excessive in size, or if they last a long time, or if the general health be feeble, these muscles may remain flaccid, and after or before a return of the organs to their normal condition, a descent or protrusion or displacement will result from this muscular flaccidity. The prolapsus keeps up the flaccidity and the flaccidity increases the prolapsus. The abdominal organs are kept in place by this uniform pressure on each other, and by the resistance of the abdominal walls, especially those of the front and floor.

In the falling of the womb there will be found relaxation of the front wall of the abdomen and a descent of the intestines upon the fundus of the womb. There will commonly be found enlargement of that organ itself; or if it exist not then, it will have existed at some previous time, either in pregnancy or in menstruation; there will be found also debility and tendency to protrusion of the perineum. This is often accompanied with piles or with other disease of the rectum. These conditions are especially observed in long continued prolapsus of the womb; the tendency to them exists in all cases. I leave out of view disorders of the womb itself or of the vagina. It is asserted that prolapsus arises from relaxation of the vagina and of the round ligaments, and that by contracting the one and shortening the other, we reduce it. They may be among the causes; I am more inclined to consider them results of prolapsus. The round ligaments and the vagina can have no other relation to the womb than the ureters and the urethra have to the bladder. Enlargement of the urethra for the passage of a calculus no more produces prolapsus of the bladder than vaginal distension does that of the uterus.

Is the pessary a proper remedy in these cases? It is an instrument placed in the vagina between the perineum and the uterus, by which that organ is supposed to be kept in place, and the fallen intestines and relaxed muscles of the abdomen and perineum are restored and strengthened. It is like putting a prop into a falling house, between the ceiling and floor, when the sides are bulging out and the foundation giving way! Even if a pessary does bear up the womb, it does so by pressure upon the perineum. It cannot produce contraction of an enlarged vagina, (if that be assumed a cause of prolapsus,) any more than a bougie introduced, for precisely opposite purposes, into the rectum or urethra, will produce their contraction. There is also the irritation that results from the use of a pessary, in creating or aggravating disease of the womb or vagina. Its only service is to prevent sexual intercourse in cases where that would produce injury. I believe it to be of no manner of use whatever in curing uterine prolapsions; its introduction to practice is a great medical mistake. Our aim should be to assist nature in her own way, and by means of well regulated pressure upon the perineum and upon the muscular front of the abdomen, to restore and keep in place the womb and other viscera.

The causes of prolapsus uteri are, then,

1st. Enlargement or other disease of the womb.

2d. Pressure of the abdominal viscera. This may be also accompanied by disease of these viscera, or they may cause pressure by their enlargement.

3d. Relaxation of the muscular walls and of the vagina and round ligaments.

In endeavoring to cure this disease it will be more conformable to nature and will afford a better prospect of success in treatment, if we,

1st. Remove enlargement and other disease of the parts and restore the general health, by rest in the horizontal position and by a judicious medicinal and dietetic course.

2d. Relieve pressure of the viscera, restore the womb to its place, and support the relaxed muscles of the perineum and abdomen. To do this, use an abdominal supporter, from the front plate of which let a spring, terminating in a pad, pass to make pressure on the perineum.

DR. BOLTON said he had nothing particular to say in regard to this subject, but he used the pessary in some cases, and he should not give it up. In a late case of old prolapsus he had applied a stem pessary, made of gutta percha and supported by a T bandage. His patient is now doing very well under this management. Dr. B. described the instrument.

DR. CONWAY said that although his experience in these affections was limited, he could not entirely accord with the views presented by the essayist, either in the causation or in the treatment of prolapsus. The ligaments of the uterus are the most prominent appendages affected, and generally the emaciation and broken health of the patient are the products of the complaint and not the cause. Where the cervix and os uteri are hypertrophied or ulcerated there are other indications, but in most cases he believed that mechanical support was necessary. He could not think that modern men of such experience and talent as Hodge, Meigs, and hundreds of others, could be so much mistaken as to adopt the pessary (handed down to us from the father of medicine) if it were not an invaluable instrument. He had used various forms of pessary, but much preferred the saucer-shaped one. He thought that the most important condition in the use of any of them was their proper adjustment.

DR. CUNNINGHAM said that the principles of the subject were well understood by all present, and he would only give his experience in the treatment of his cases. He agreed with the essayist generally, and the history of all the Meigs and Hodge cases which had come under his observation proved that their plan of treatment only afforded temporary palliation.

DR. DEANE said his experience was the same. He had often used the instruments, and found, as a general rule, that the benefit was slight. Except in a few rare cases, the benefit was not permanent. He thinks the pathology still doubtful, but believes that there are many cases of prolapsus where the patient is unconscious of it. This usually occurs in field negroes, and others who are subject to active occupa-

tion. This teaches us that a sedentary life is not good for those laboring under the tendency to a falling of the womb.

Dr. SNEAD said he had rarely used the instruments. He considered them abominable things, which very often are productive of the most serious and irreparable injury. He was much astonished that a man like Hodge should make use of such a thing as his *pitchfork*, or, as it is more commonly called, *horseshoe*. A simple pessary may be useful sometimes for a little while, but the great indications of treatment are, baths, astringents, local applications and general constitutional treatment. So far as the comparison between the support afforded by the instrument and that by the pelvic bones after the fourth month of pregnancy was concerned, he considered it no simile. The support is not the same, and not in the same place.

Dr. CONWAY said he was surprised to find himself alone in advocating the plan of treatment adopted by the most distinguished men of the present day, as well as those of other ages. These men could not have so deceived themselves as to be using a method which would not bear the test. For his own part, though his number of cases was not great, he had frequently tested the pessary to very great advantage, and thought that others would experience the same happy results if they would take the necessary care to get an instrument justly adapted to the case, and to apply it *properly*. If it be placed above the sphincter vaginæ and exactly across the axis of the canal, the pressure will be on the perineum and there will be no irritation. Ill health, either as a cause or a consequence of the disease, must be attended to by general means.

Dr. GIBSON said he had some experience in the treatment of prolapsus, and he thought that we do not sufficiently distinguish (by the use of the speculum, &c.) between cases where there exists mere relaxation or congestion of the cervix. He believed that the ligaments have much to do in the causation of the disease, and that simple relaxation or laxity of the vaginal support was not the only cause. In many cases he found a pessary indicated, and he was well satisfied with their employment. In some, however, he did not employ them. Dr. G. said he thought it unfair to condemn the Philadelphia men for their mal-success in the cases which relapsed after their return home. It was in many instances to be attributed to the fact that these patients fall into hands not so skilled in the application of the instrument.

Dr. Cox, of Henrico, said his experience was too limited to detail experience in these cases. He however narrated the history of a case which was relieved by caustic applications, &c. after it had resisted every other plan of treatment for six or seven years.

Dr. G. A. WILSON said that these complaints had given him more trouble than any other, and had occupied much of his thought. He wished to be understood as taking the ground that *pessaries never cure the disease*, not that they are never useful to palliate. A philosophical reason against the instruments seemed to him to be this—that the vagina is always relaxed and flabby, and the womb falls for want of support; then, to sustain it by an instrument, one must be employed which is large enough to impinge on the extra vaginal structures, or it would

not remain *in situ*. The *lateral distension* of the vagina permanently by pessaries, constitutes the great objection to their use. This distending the canal approximates its ends and brings the uterus lower down. That organ is not suspended by the ligaments, because it was an anatomical fact that the uterine attachments of the broad ligaments were *higher* than the pelvic attachments. His opposition to the pessaries arises from Hodge's and Meig's *failure*, and not his awkwardness with them. He could not extort from Dr. Hodge, in a long conversation with him on this subject, a declaration that he had effected a single *cure* by the use of pessaries.

[A conversation here ensued between Drs. C. and W. on the point as to whether the instrument shortened the vagina by distending its walls, or elongated it by holding the uterus higher up in the pelvis.]

Dr. C. P. JOHNSON said the broad ligaments (as they are termed) are triangular folds, having their apex towards the pelvis and their bases to the uterus—the lower uterine attachment of the ligament is below the level of the pelvic attachment, so the broad ligaments hold the uterus *in situ*, and he believed that these lateral bands do afford great upward support to the organ.

Dr. BEALE said he agreed with the essayist in all that he had said about the abominable instruments, but that he did not coincide entirely with him in regard to the causation of the disease. He had seen last night a case in which there was entire relaxation, but no prolapsus. One great cause which had not been mentioned is the relaxation of the abdominal walls, allowing the superincumbent mass of intestines to act as a dead weight on an ill-supported uterus. In these cases the various forms of uterine supporters and abdominal bandages were very valuable.

[The discussion was continued till a late hour, and was one of much interest. The above meagre sketch of the main views advanced by the participants in it was written off very hastily from rough notes taken during the meeting.]

On motion of Dr. DEANE, ASTHMA was made the subject for the September meeting.

Dr. C. P. JOHNSON, second vice-president, in the chair.

Dr. DEANE said he would call the attention of the society to a remedy, which he had lately seen in some journal, for deficient lactation. It was the plant of the ol. ricini. He proceeded to narrate a case in which he had used it with success. Mrs. ———, of robust and good constitution, in her first confinement had not suffered in the least from fever or other complication, but did not afford a single drachm of milk—all remedies and applications failed. A few weeks ago Dr. D. attended her in her second confinement, and finding the same state of things existing, he was induced to make trial of the above new remedy. He accordingly ordered a strong decoction of it to be taken, and wet leaves of it to be applied to the mammae. Hardness, &c. of the breasts ensued in an hour or two, and on the next day lactation had set in plentifully. He hoped members would give it a fair trial whenever an opportunity presented, and report the results.

### Case of Removal of Ramus of the Inferior Maxilla for Necrosis---Recovery.

Dr. BOLTON presented a portion of the inferior maxillary bone of a child which he had removed, and read the following account of it:

Patient, a girl, æt. 6. (August 1, 1851.) Two years since received a violent contusion of the right side of the face in front of the ear. Considerable swelling of the part ensued, with difficulty of mastication. After some time there was a considerable fetid discharge of pus with an occasional fragment of bone. This has continued to the present time. The discharge has generally occurred within the mouth, but it has also occurred behind the angle of the jaw, the place of which is now marked by a cicatrix and depression. Two teeth have been extracted.

*Present condition.*—Very great tumefaction of the whole of the right cheek. Opening the mouth exposes the rough end of necrosed bone projecting near the right commissure of the lips.

*Operation.*—The child was fully anæsthetized with chloroform. The bone was then seized with a strong pair of forceps, and as it was felt to be detached from the surrounding bones, it was entirely removed by a twisting and sawing motion without the use of the knife. The child was then kept in a state of anæsthesia until a careful exploration was made of the hard and soft parts of the right side of the mouth. No further necrosis could be detected.

*Examination of necrosed bone.*—The fragment consists of the right ramus of the lower maxilla. The condyle is entire, with more than half the sigmoid notch. The coronoid process is mostly gone. The posterior part of the ramus, down to the angle, is in good preservation. The inner table of the flat portion of the ramus is destroyed. Most of the outer table remains.

*Result.*—Cessation of discharge, with entire recovery.

Dr. HASKINS, chairman of a special committee appointed at the last meeting to report what action ought to be taken in regard to prescribing and practising apothecaries, &c., reported a code of ethics to be adopted by the Medical society of Virginia, for the regulation of the conduct of physicians and apothecaries respectively towards each other and the public. The code is substantially the same as that adopted by the college of physicians and the college of pharmacy of Philadelphia. On motion of Dr. BOLTON, the subject was deferred to an adjourned meeting, to be held at the hall on Tuesday evening, September 2nd prox.

Several amendments to the constitution were offered, all having for their object the adaptation of the society to the organization of the profession of the whole state, and in anticipation of a general convention to be held before the next meeting of the American medical association.

On motion, the amendments, together with the constitution, were referred to a committee of five, to report such alterations of it as may

be deemed necessary. The committee consists of Drs. C. P. JOHNSON, (chairman by vote,) HASKINS, BOLTON, MILLS and GOOCH.

Dr. PARKER offered the following:

*Resolved*, That no member of this society shall consult with any physician whose application for membership has been rejected.

On motion of Dr. SNEAD, the resolution was laid on the table until the next meeting.

A number of bills were presented and ordered to be paid; after which the society adjourned, to meet again on Tuesday evening September 2d, at 8 o'clock P. M.

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## EDITORIAL AND MISCELLANEOUS.

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### State Organization.

We desire to call the attention of the profession of Virginia to the fact, that the next meeting of the American medical association will be held here in May next, and to urge the necessity of taking some steps to receive it, and to have Virginia well represented. As the body is a representative one, and not a mere convention of physicians, organization is necessary for representation, and we earnestly hope that our state will not be found by our brethren to be behindhand in the work. As district or county societies are few and far between in the state, the mass of the medical body must be represented through the Medical society of Virginia; and in order that it may be the central and effectual organization desired, and embrace on its roll *all* the practitioners of respectable standing, a general convention of the profession of the state has been suggested. The time for the meeting of this convention should be fixed at some day before the 1st of May; but whether it be during the winter or the last of April, just before the meeting of the national association, is an open question. Be the time what it may, we have no doubt but that medical men of every section will respond to the call, and the good to be accomplished will be effected with ease by a hearty and united effort. The spirit of advance and improvement is abroad in our state; and though our correspondent *Northwest* thinks that the doctors are standing still in his region, we can inform him that such is not the case generally. The pages of this journal and its increasing circulation, the applications for membership to the Medical society and the spirit of the private letters received clearly indicate that such is not the case anywhere in Virginia. But that there are hundreds of men everywhere who have been duly dubbed M. D., and who think that they have done all re-

quired of them save making all the money they can by dosing the people, is too true, but it is only what was to be expected under the stand still system. These men need stirring up—they need to be told and taught (unfortunately though the majority of them can't be taught anything) the necessity of lending their mite of aid in the progress of science and the encouragement of its interests. "What's the use of it," or "I don't care," is the most common and the most fatal objection urged by Virginians and Southerners generally to every move of improvement. And this is frequently illustrated when we ask gentlemen if they are members of the Medical society. They do not grudge the dollar which it costs to be admitted, nor can they allege any reason for not joining its ranks. They are willing enough to assent to every object it has in view, and are earnest advocates for high standards and high ethics in medicine, but they are guilty of the most culpable neglect and apathy. We are aware of the difficulty which exists in the country of attending medical societies regularly enough to keep them in existence; but where the practitioners are sufficiently numerous to infringe upon one another's domain, or to give rise to bickerings or unpleasant feelings, they are certainly thickly enough settled to meet monthly, and the happy consequences would soon follow of an uniformity in the rates of charges and of professional conduct as well as the mutual benefit and improvement incident to a free and frequent interchange of knowledge and opinion. These are objects which are desirable to all, and they merit the little exertion which is necessary to effect them, by even one or two individuals in each county. We hope, then, soon to see the local societies more numerous and more prosperous; but to prosecute the great work of a strong and effectual organization, now so well under way, it is necessary that every man who is qualified, and who feels that he is worthy of fellowship with his brethren, should send his application for membership to the state society. Even though he does not see how it is to benefit him directly the day after he joins it, or though he may expect rarely to attend its annual meetings, a moment's reflection would convince any drone of the incalculable advantages which would follow the organization of the whole *corps medical* into an institution established by the state, and which would exert an influence over itself, the public mind and the legislature which is so necessary to produce a healthy tone in medical affairs.

### Going to Philadelphia for Pessaries.

In the debate on the pessary in prolapsus uteri, of which we publish a brief sketch in this issue, allusion was made by many members to the large number of patients who are constantly flocking to Philadelphia "to have a pessary applied." This would cast an imputation upon the Southern practitioners which is unjust, and it would reflect the undue credit upon our Philadelphia friends of *curing* our patients for us. Now we do not wish to detract from the high character and deserved fame of those eminent men, Drs. Meigs and Hodge; but that they ride high hobbies and fling dust in our faces with an eclat which is humiliating to us, injurious to the public and unjust to the profession of the South, is true, and requires an *exposé* from some quarter. We think this *exposé* of the results of the Philadelphia practice on those cases which have gone from Virginia for treatment was fully made in the debate above alluded to. It was there stated by many gentlemen of ability and extensive observation, that they had not known a single instance in which a *cure* was effected by the Philadelphia practice, though they had ample opportunity to observe the patients after their return. Among the number are Drs. BEALE, CUNNINGHAM and DEANE, and, on the other hand, no one said or could say that he had ever seen a case bring back more than a temporary palliation. Then why this expensive delusion of running to Philadelphia to have a pessary fitted?

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### Medical Schools.

We call attention to the advertisements in this Number of the several medical schools. We hope that Virginia students at least will not forget that it is a part of their patriotic duty to aid in building up our own institutions of learning, and that their *practical* encouragement of them is worth thousands of high flown protestations of state pride and southern rights resolves in the newspapers.

We learn that the prospects of the Hampden Sidney Medical College for an unprecedented increase in its class are very flattering. We hope that the highest expectations of the faculty may be realized.

Among the great advantages afforded by our city for medical education are the excellent and plentiful opportunities of private instruction and office pupilage.

### **Transactions of the American Medical Association.**

We are authorized to state that a large number of the three volumes of these transactions which have been issued still remains on hand, and that permanent members, or members of bodies which have been represented in the association, can obtain the full series by transmitting \$ 4, or \$1 50 for any odd volume, to Dr. Isaac Hays, treasurer of the association. Hereafter these volumes will be of very great value, as they will be composed of papers containing the researches and experience of the most distinguished men of the country, on special subjects confided to them, and they ought to be found in every library as a standard work on American medicine. We would caution persons now to take the full series, lest when they may want them hereafter the first volumes may be out of print. We will take pleasure in ordering copies for any who may desire them, if they will remit us the amount as above, and indicate through what channel they may be forwarded. The forthcoming volume, or Transactions for 1851, is now at press, and when ready will be furnished at \$ 5 for three copies, as usual.

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### **To Correspondents.**

Communications have been received from several gentlemen, but too late for the present Number. We must decline the publication of one or two papers which have been sent to us. They will be returned, if desired, and the reasons will be given privately.

We again request that papers for publication should be written on one side only, and that names and technical terms be written legibly and distinctly.

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### **To Delinquent Subscribers.**

All must be aware that the "Stethoscope" is published at very great cost, and it is not possible to carry it on at the present very low price, unless every subscriber pays up punctually. We are punctual to the day in our issue, and we beg a return of the courtesy on the part of our delinquent subscribers—otherwise we cannot get along.

P. S. We will not quarrel with any for just sending us what they owe, even if they do not send the names and cash along for half a dozen new subscribers.

### Our Exchanges.

Our exchanges have all been duly received, but considering it useless in every Number to devote a page or more to their names, we omit it, and will whenever it is necessary, notice them and their contents all together. Any of our co-laborers who do not receive this journal regularly will please say so and the missing numbers shall be sent.

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### Errata in the last Number.

In the publication of Dr. Brodnax's paper on Meningitis, in our last Number, several material errors occurred, viz: On page 438, in the 5th line from the top, for "mucous" read *nervous*. On same page, 17th line, the first word "have" should read *of*. On page 439, 8th line, "marked" should read *masked*, and so also in 10th line of same page, "marked" should read *masked*.

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### Omission.

In the circular of the committee on the epidemics of Virginia and North Carolina, the post-office of Dr. Jones was omitted. Persons residing in or near North Carolina having information to furnish to this committee are requested to forward their communications to Dr. Johnson B. Jones, Chapel Hill, North Carolina.

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### Reviews and Bibliographical Notices.

*The Theory and Practice of Midwifery*—By FLEETWOOD CHURCHILL, M. D., M. R. I. A., Hon. Fellow of the College of Physicians of Ireland, Corresponding Member of the American National Institute, &c., &c., with Notes and Additions by D. FRANCIS CONDIE, M. D., Secretary College of Physicians, Member of American Medical Association, Member American Philosophical Society, &c., &c., with one hundred and thirty-nine Illustrations. A new American, from the last improved Dublin edition, 8vo. 510 p. Philadelphia: Blanchard & Lea. 1851.

The late edition before us has been gotten out in their usual handsome style, by Messrs. Blanchard & Lea, under the editorial supervision of Dr. Condie, who has much improved the work by making numerous notes and additions of valuable matter. So far as the body of the work is concerned, it is much the same as the preceding editions of it, for the author says:

"I have made no change in the principles inculcated in the first edition, because, after a searching investigation and some experience, none has appeared to me to be required; nor in the practice, except to add any recent information which I have obtained."

In the preface, the author calls the attention of the reader to the value and importance of obstetric statistics. After pointing out the errors and fallacies to those who rely on them too implicitly, he says:

"They lead to a habit of definite thought and statement; so that instead of general terms, we use numbers or proportions, and in so far as accuracy is attained, we give a fixed and scientific character to our observations."

"As Dr. Simpson, in his valuable essay on the value and necessity of statistics in operative surgery, has remarked, 'statistics offer a test by which the impressions of our recorded and limited experience are corrected; and they furnish a mode of investigation capable of resolving many existing practical problems in surgery.'

"They afford us in general the only true and ultimate 'measure of value' of any proposed alternative operation, or of any new practice in surgery or midwifery."

"For these and other reasons I still hold the opinion that numerical calculations, applied to midwifery, are of great value, notwithstanding the numerous chances of error, and the impossibility of drawing conclusions from them with *absolute accuracy*."

Valuable and extensive tables of statistics are spread before the reader, and he is generally permitted to make his own deductions.

The illustrations are numerous and well executed, which is a feature of importance to the student, for they are as necessary to explain the text to a learner as are manikin and diagrams for lectures.

As previous editions have been well received by the public, and as this is only an improved one, it is not necessary that we should do more than refer to the additions and amendments which have been made by Dr. Churchill and the editor.

About four and a half pages are devoted to the subject of anæsthetics in midwifery. Chloroform is decidedly preferred to ether, and its use is urged in all operations.

"As to its exhibition in *natural labor*: as I do not believe that in the large majority of cases, convalescence is impeded by the suffering, I cannot see the *necessity* or even the propriety of urging the employment of anæsthesia in every case, and never do it, but, on the other hand, I have not felt justified in refusing a moderate dose of it when the patient urgently desired it, and when none of the indications were present which seemed to me to counter-indicate it."—"In hysterical or nervous patients, in those laboring under nervous affections, or organic disease of the lungs or heart, &c., I do not think we ought to use it. In any operation for the termination of labor in a case of convulsions, I should be unwilling to use chloroform on account of the nervous excitement it occasionally produces, notwithstanding that it is said to have been employed beneficially in the treatment of that disease: in like manner I should fear to use it in cases of alarming hæmorrhage, lest it should give rise to severe collapse."

The objections to anæsthesia in obstetric practice are so puerile that they are easily refuted by the author, and he distinctly asserts that "no death has occurred which can be fairly and directly attributed to chloroform." At the time of the author's writing he only had upwards of 3000 cases to draw his conclusions from. Since that time a far larger figure does not shew any fatal case.

In many instances we have been somewhat disappointed in the doubtful or non-committal expressions of Dr. Churchill, as for instance, the power of the *secale cornutum* to *originate* uterine contraction, and the nature of puerperal fever. His article on that subject is rather a compilation of the views of many other writers than an article of his own. We were rather surprised, too, to find that

several much improved obstetrical instruments, which have been in use for some time, are omitted: Weiss's perforator, a better form of short forceps, &c.

In the chapter on *Puerperal Mania* we find several statements which more than astonish us: "Puerperal mania is by no means a rare disease;"—"there is no reason to believe that it arises from inflammatory action in the brain;"—"there are few cases which require venesection," are three propositions which are, to say the least, exceedingly debatable, but our author gets rid of the whole subject in a couple of pages.

We have not room to make a more extended notice of this book; it may be obtained in Richmond of Messrs. Morris & Bro. for a moderate price.

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*Urinary Deposits: their Diagnosis, Pathology and Therapeutical Indications*—By GOLDING BIRD, A. M., M. D., F. R. S., F. L. S., Assistant Physician to and Lecturer on Materia Medica and Therapeutics at Guy's Hospital, &c. Second American, from the third revised and enlarged London Edition. 12mo. 337 p. Philadelphia: Blanchard & Lea. 1851.

The rapid advance made within the last few years in organic chemistry and physiology has given a tremendous impetus to the study of pathology, and has created a revolution in special therapeutics. In no branch has this been more felt than that of urinary diseases, and to none are we more indebted than to Prout, Leibig and Bird; the latter of whom, having enjoyed for nearly twenty years the excellent opportunities afforded by Guy's hospital, has labored most industriously in collecting facts and making observations on the urinary organs, their functions and their diseases. The results of his labors have been furnished to the world in the neat and handy volume before us. It is a complete *vade mecum* for him "who purposes making himself acquainted with the important bearings of urinary pathology on the practice of his profession;" and the author has been careful not to plunge into the difficulties of his subject without giving such minute instructions to his readers as will enable the worst informed of them to follow him. Directions for the analysis and examination of urine for particular normal or abnormal constituents are given minutely. The optical characters and physiology of healthy urine being taught, they are brought to bear upon the pathology, diagnosis and curative indications in its various changes in disease. Illustrative cases are detailed, which render the applicability of all the theories and principles easy.

Dr. Golding Bird being admitted as probably the highest living authority on these subjects, his book is one which ought to be in the hands of every practitioner of medicine. It would be needless to take up the different divisions of this valuable work, but in chap. XIII the author makes some remarks on the therapeutical employment of remedies influencing the functions of the kidneys which are of such a

practical nature that we would be glad to have room to copy the whole chapter. After alluding to the doubtful character of diuretics and their capricious action as a class, the author lays down certain laws regulating them, and he severally explains these laws.

"LAW I. All therapeutical agents intended to reach the kidneys must either be in solution when administered, or capable of being dissolved in the fluids contained in the stomach or small intestines after being swallowed.

"LAW II. Bodies intended to reach the kidneys must, to ensure their absorption, have their solutions so diluted as to be of considerably lower density than either the liquor sanguinis, or serum of blood, (i. e. below 1.028.)

"LAW III. If a sufficient quantity of water cannot be received into the small intestines, or the circuit through the portal system in the *vena cava ascendans*, or thence through the lungs and heart into the systematic circulation, be obstructed, or if there be extensive disorganization of the kidneys, the due secretion of urine cannot be effected."

After explaining these laws, the author concludes by saying:

"From the above observations the following practical conclusions may be drawn:

"1. Whenever it is desirable to impregnate the urine with a salt, or to excite diuresis by a saline combination, it must be exhibited in solution, so diluted as to contain less than five per cent. of the remedy, or not more than about twenty-five grains in an ordinary draught. The absorption of the drug into the capillaries will be ensured by a copious draught of water, or any diluent immediately after each dose.

"2. When the urine contains purpurine, or presents other evidence of portal obstruction, the diuretics or other remedies employed should be preceded or accompanied by the administration of mild mercurials—taraxacum, hydrochlorate of ammonia, or other cholitic remedies. By these means, or by local depletion, especially by leeches to the anus, the portal vessels will be unloaded, and a free passage obtained to the general circulation.

"3. In cases of valvular or other obstructions existing in the heart and large vessels, it is next to useless to endeavor to excite diuretic action, or appeal to the kidneys by remedies intended to be excreted by them. The best diuretic will in such cases be found in whatever tends to diminish the congested state of the vascular system, and to moderate the action of the heart, as digitalis, colchicum and other sedatives, with mild mercurials."

*Ranking's Half Yearly Abstract of the Medical Sciences; a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works: Published during the six months from January to June 1851. Svo. 324 p. Lindsay & Blackiston: Philadelphia.*

This valuable and cheap publication, already so popular with the profession in this country, has been furnished us by Morris & Brother. It contains 93 articles and 4 reports on the progress of medicine. Considering the amount and character of the matter contained, and the price, we consider this the cheapest medical publication issued. The price of each number at the book stores is 75 cents, or it will be sent to any person ordering it, by mail, for \$1, free of postage.

We have not received the 22d and 23d parts of the kindred publication of the above, "*Braithwaite's Retrospect.*"

Notices of "*Walker on Intermarriage*," and "*The Microscopist*," by JOSEPH H. WYTHES, M. D., both received through Morris & Brother, from the publishers, Messrs. Lindsay & Blackiston, are necessarily crowded out of the present number for want of room. They will appear in our next.

We have received the *Transactions of the Belmont Medical Society, Bridgeport, Ohio*, 16mo. 90 p. They consist of four essays, five cases, and a lengthy report on quackery as well as one on the improvement in medicine. J. G. AFFLECK, (practitioner, we suppose,) printer of the above and a member of the society, also forwards us the *Belmont Farmer*, of which he is editor. It is a queer little sheet, devoted to taking "cracks at creation,"—"asks for no pay, but a reasonable share of abuse, which he (the editor) hopes to merit." In reply to the query "how will we exchange?" we most respectfully reply, for \$ 3 per annum.

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We have received the Annual Announcement of the 2d Course of Lectures in the *Medical Department of Georgetown College. Washington, D. C.* If this new department is conducted and established upon the sound basis of the academic one of this venerable and famed institution, it must merit and meet success. We hope, though, soon to see its faculty heed the voice for reform in medical education. Now, in its youth, is the time to establish it firmly upon high principles.

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We have also received the Annual Announcement of *Rush Medical College, Chicago, Illinois*. We are sorry to see this school debasing the dignity of the profession and disgracing itself by adopting means to secure students which are worse than the practice adopted by outsiders to get patients, viz: "*the fees for the full course are \$ 35*"!! Seven professors at \$ 5 each per head. Medical students are as cheap as calves in the west, it seems, and this college (?) turned out 31 regular (?) and 2 honorary doctors at its last commencement. Of course the lectures only last sixteen weeks, and *good board* can be had for almost nothing. What is the profession coming to in this country? What sort of *factories* are not springing up?

Other publications have been received, but cannot be noticed for want of room.

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#### **Fourth Annual Meeting of the American Medical Association.**

We copy from the *Charleston Medical Journal and Review* for July, the following account of the opening of the meeting in Charleston in May last:

It was composed of delegates, many of high distinction, from twenty-one states of our Union, and a more respectable assemblage has seldom been convened on any former occasion. The president, Dr. R. D. Mussey, of Cincinnati, took the chair at 11 o'clock, and extended a cordial salutation to the members upon their re-union, and congratulations upon the many benefits resulting from these annual assemblages of the wisdom and experience from all parts of the Union.

Upon being seated, the committee of reception advanced, and, through their chairman, Dr. T. Y. Simons, addressed the president and members in the following terms:

*“Mr. President and Gentlemen—*It is my pleasing and honorable duty, as chairman of a committee representing the South Carolina Medical Association, to express to you the high appreciation of your acceptance of the invitation of that body, and gratification in beholding so many of our medical brethren, of every section of the Union, assembled in Charleston, the ancient metropolis of South Carolina, and to tender to you, with the deepest emotions, our most heartfelt welcome.

*“We will cheerfully unite with you in all efforts to elevate the moral and intellectual excellence of our profession, and promote the cause of science and humanity, but beyond this, we desire to extend to you, individually and collectively, all the social hospitalities of which we are susceptible.*

*“The assembly of so large a number of medical gentlemen from all parts of the Union, holding eminent positions in the profession, coming, in many instances, from a great distance, at considerable expense, inconvenience and personal sacrifice, for the promotion of medical improvement, and thus likewise subserving the cause of science and humanity, is, in my opinion, a sublime spectacle. We seek no honors nor trophies; we crave no ambition, pomp, nor self-aggrandisement; we desire only, and if we succeed the reward is ample, to do good to mankind. We unite with you as brothers, in these noble and benevolent efforts, and we invoke, on this solemn occasion, the blessings of the Great Supreme.*

*“Mr. President and gentlemen, I shall not detain you, except again to repeat, that with our warmest feelings we bid you a most hearty welcome.”*

To which Dr. Mussey replied substantially as follows:

*“Mr. Chairman and Gentlemen of the Committee—*It is with no ordinary feelings that I respond in behalf of the American Medical Association, and express our gratification at your warm and hospitable reception.

*“Charleston has been long renowned for the hospitality of her citizens, and the enlightened character of her physicians, both as regards moral and intellectual endowments. High, however, as she stood, I was not aware until I arrived here, that the Medical Society of South Carolina was the first body that proposed that means should be adopted for the improvement of medical education. I now, Mr. Chairman, return you our thanks for your kind, and hospitable, and warm reception; and feel confident that we will harmoniously unite in the promotion of the grand objects of the association.”*

The committee on nominations having reported, through their chairman, suitable candidates for the offices of the association for the ensuing year, the same was confirmed, and Dr. James Moultrie, of South Carolina, was declared president of the association.

The president elect then took the chair, and returned thanks for the honor thus conferred upon him, in the following terms:

*“Gentlemen of the Association—*I know not in what terms suitably to express my sincere acknowledgments for this unlooked for manifestation of appreciation and kindness.

“When I look around, and recognize the many superior intellects and higher professional acquirements by which I am surrounded, I feel that I am about to occupy a position which more rightfully belongs to another.

“But, if a life devoted to the interests of the profession, and the promotion of the objects for which this institution is founded, give me any claim to consideration, I have the assurance that the mantle of my illustrious predecessors may not be unworthily or ungracefully worn.

“In the language of the first of them, I have ever ‘loved my profession;’ nay more, I am proud of it. I have loved it for its sympathies and suavities; its benignities and charities; its activities and self-sacrifices; for the boundless scope of knowledge which is opened before it; its disinterested pursuit of the true, the beautiful, and the good; the exalted mission which has been appointed to it on earth; and the universal appreciation in which it is held, and confidence reposed in it, by mankind; and I am proud of it, not alone for what has thus been adverted to, but for its habitual singleness of purpose; its almost immunity from prison discipline; the little notoriety it enjoys in the statistics of crime; and the little trouble it has given to the tribunals of justice, or of civil jurisprudence.

“Never, however, have I been so proud of it as when, four years ago, I enjoyed the gratification of meeting so large an assemblage, in the city of ‘Brotherly Love,’ characterized by so much intelligence, so much urbanity, so much dignity, and so much condescension; convened for the purpose of systematizing the principles of professional prosperity, and cultivating those habits of social harmony, the practice of which have immemorially obtained for it the definite epithet of ‘the paternity:’ or when, two years afterwards, at the modern abode of the ‘Humanities,’ its labors of usefulness and love were renewed, amidst the outpourings of hospitalities, which could only have issued from heads and hearts the most highly cultivated and refined.

“The accidents of life, and the visitations of Providence, which come unto all of us in turn, I have to regret, denied me the gratification of being also present, on the intermediate occasions, in the great valley of the Mississippi, and the commercial emporium of the Chesapeake.

“For the privilege, as well as the distinction, of presiding over a body constituted of such elements, I am profoundly grateful. I thank you, gentlemen, again and again; and when our present labors shall have closed, and we shall have once more reached our respective homes, I hope we shall be able to realize, in our experience, that ‘it was good for us,’ in like manner, ‘to have been here.’”

The following is a correct list of the number of states represented, and the number of delegates from each :

|                     |               |                           |              |
|---------------------|---------------|---------------------------|--------------|
| 1. Massachusetts,   | 10 delegates. | 14. Louisiana,            | 2 delegates. |
| 2. Rhode Island,    | 5 "           | 15. Tennessee,            | 3 "          |
| 3. Connecticut,     | 3 "           | 16. Kentucky,             | 4 "          |
| 4. New York,        | 17 "          | 17. Ohio,                 | 5 "          |
| 5. New Jersey,      | 6 "           | 18. Indiana,              | 1 "          |
| 6. Pennsylvania,    | 35 "          | 19. Illinois,             | 1 "          |
| 7. Delaware,        | 2 "           | 20. Missouri,             | 3 "          |
| 8. Maryland,        | 5 "           | 21. District of Columbia, | 2 "          |
| 9. Virginia,        | 11 "          |                           |              |
| 10. North Carolina, | 7 "           | Total,                    | 185          |
| 11. South Carolina, | 38 "          | Permanent members,        | 10           |
| 12. Georgia,        | 23 "          |                           |              |
| 13. Alabama,        | 1 "           | Grand Total,              | 195          |

### Medical Reform.

BY JAMES H. STUART, M. D.

"But yesterday, and *physic* might have stood against the world; now, none so poor to do her reverence." Our profession is rapidly declining in respectability. This is a very bold proposition, but, unfortunately, so self-evidently true, that there is no risk of its being disputed. We make great boasts of the vast discoveries annually made in the *scientia medicinæ*, of the talent and learning enlisted in its behalf, of the wealth expended upon it, and of its great usefulness to suffering humanity, and all is true; yet the stigma still remains. Year after year we hear more and more of suits for malpractice, more instances of gross ignorance in medical men, more carping at the writing of prescriptions in Latin. We can almost see a sneer of contempt when the profession is named. Why is this? Is it because of the prevalence of quackery? It is because Thompsonianism, homœopathy, *et id genus innumerabile* of quack systems have arisen and pinned themselves to the skirts of medicine? No. For, though with the uneducated vulgar such association would bring us into disrepute, the intelligent man would distinguish and draw the line of demarkation. The evil rests with ourselves. We are accountable for it. Can it be wondered at that men will despise a profession containing individuals who, as in a recent case published in the papers, write *oleum ricini oleum resini*, and have done so for twenty years? Oh, time-honored ignorance, what hast thou and thy coadjutor—impudence—not done for thy votaries? No wonder the laity call for a reform, and because they cannot hope to strike the root of the evil, suggest the milder one of writing prescriptions in English, thus *practically* saying to us, "You are ignorant asses; we cannot trust you to meddle with a learned language, and will, at all events, take pains that your ignorance is not fatal to us." This is painful, but it is true. There certainly are many in the profession, regularly furnished with their *diplomas* (as one of them termed it,) who not only are unable to write a Latin prescription, but would be sorely puzzled to get through an English sentence without the most amusing natural phonography. Hundreds crowd every year

to our medical schools who are destitute of the rudiments of a common school education, and duly emerge in the spring with moustache and parchment, lancets and tight boots. As Burns says—

“They gang in stirks and come out asses.”

And on their return, their fellow townsmen open their eyes in astonishment that the lazy Tom, Dick or Harry has turned out “a real doctor.” Can we blame them that they do not place much confidence in medical men? Is it not the most common thing in the world to hear that some brainless whelp, for whom you entertain a perfect contempt, has commenced “studying medicine?” The profession is now far overstocked. Every little village contains three times the necessary number. At least one-half now in it must be starved out, yet the cry is “still they come.” They do come, and they come because they well know there is no such thing as failing in this profession. Medical colleges are springing up like mushrooms over the country, and if they cannot graduate at one, it is the easiest thing in the world to go to another and “be put through” there. It is almost enough to make one heart-sick to think of the companionship he is subjected to. To know that at any moment he may be called upon to recognize the *professional* equality of some ignoramus whom in society he would never think of noticing; to feel that you cannot travel in peace without hearing the low-looking fellow at your elbow styled “doctor” by some gaping ninny who is proud of the acquaintance of a “professional gentleman;” without seeing some “nice young man” in spectacles, mincing along with the gravity of an owl, and carrying under his arm the unmistakable red morocco pocket case. Truly we will soon begin to envy the title of plain “Mr.” as a distinguishing mark. And, withal, we have the ladies? They talk of “lovely subjects” and “charming dissections” with a *sang froid* and apparent pleasure that the greenest of first course students might well envy. But, alas! it is no jesting subject. Ignorance is fearfully rife among us. The evil would, in time, work its own remedy, but we cannot wait. And yet what is to be done? Legislation cannot avail even were the legislators willing to assist us, which they are not. Against any hint of reform are arrayed the interests of all concerned in teaching medicine. Every country doctor who has a private pupil must get his own pet through and receive his fee for it; every city physician, with his class of three or four, has his interest proportionally increased, and the colleges are of course anxious for as many pupils as they can get. Would that medical men had but the honesty to tell applicants for seats in their offices the candid truth! To say to one, “Your health is too feeble; you will die under hard study; to another, “Your mind is unfitted for the profession; you will never make a physician;” and, to a third “Stick to your shoemaking—you can live at that:” to let them know the troubles and anxieties of the profession, the wearying mental toil, the hard bodily labor, the lack of equally distributed time, and the inadequacy of the remuneration of medical men. Would they do this, we might hope soon to see the *number* of doctors decreasing, and their respectability increasing. We would then have only robust men with

good minds, and men actuated, not by the love of money, but who, like Aben Ben Adhem, say—

“Write me as one who loves my fellow men.”

Men who are willing to undergo suffering and toil, to expose themselves to cold and damp, to ingratitude, and even poverty, for the sake of alleviating some of the misery that “flesh is heir to.” Failing of this mode of purifying the profession, another more general one, having reference to examinations for practice, should be resorted to. This might be accomplished by the joint consent of the schools, or by action of the National Association. But my article is growing longer than I had intended, and, for the present, I must cease. Perhaps in a future number I may amplify, with your consent, on the idea just thrown out. At present, I conclude by quoting from an unpublished poem of O. Wendell Holmes, which accidentally came under my notice, the following excellent advice to any one thinking of medicine :

“But thou, poor dreamer, who hast vainly thought  
To live by knowledge which thy brain has bought,  
Go, shun the art which every boon denies  
Till age sits glassy in thy sunken eyes;  
Go, shun the treasury which withholds its store  
Till hope grows cold and blessings bless no more.”

*N. J. Med. Reporter.*

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### **Professors and Laymen.**

The letter which appeared in our last Number from Dr. Yardley, of Philadelphia, correcting an erroneous impression which exists with regard to the motive of the authors of the resolution to which he refers, seems to demand of us a passing notice. The resolution was presented at the late meeting of the American medical association at Charleston, S. C., and proposes an alteration in the constitution of the association, which, if adopted, would rescind that provision of it by which delegates from all medical colleges, hospitals, lunatic asylums, &c. are admitted. As this is still an open question, we feel at liberty to say a few words upon the propriety of adopting the resolution which emanated from the Philadelphia county medical society. It is as follows: “*Resolved*, That the constitution of said association should be altered so as to admit only delegates from county or state medical societies.” We conceive that great good would result from such an arrangement, inasmuch as it would inspire a greater interest in the mass of the profession to form themselves into county and state medical societies, there being no means that can be adopted for the mutual improvement of physicians, both in their professional and social capacity, that can be compared in importance to such organizations; and while a great good would be accomplished in this way, and a stimulus given to medical reform, the unequal representation now complained of would be avoided, and the meetings of the association conducted on those principles of republican equality which belong to the

genius of our country. There does not seem to us a single valid reason why the representation from medical schools, hospitals, &c. should be three times greater than that of the whole profession; and we do not believe that the jealousies which have already poisoned the current of harmony that is wont to refresh and invigorate the entire body, are in anywise necessary to the maintenance of the association; hence we would be glad to see them all abandoned; and as we believe their foundation is in the spirit of rivalry between the different schools, and of suspicion between those who are professors, and those who are not, we would rejoice to see the wall of partition broken down.

Medical schools generally spring up as the result of private enterprise, organized and sustained in view of personal emolument; and they ought not to be allowed, in matters of common interest, to exercise an unequal and overbearing influence. We do not charge those to whom *they belong*, with any motive of injustice towards others; but we do believe that in a general assembly of physicians, met together from all parts of our country, for the purpose of improvement in science, and the advancement of mutual interests, there should be no line of difference drawn between *professors* and *laymen*; and that there should be no doctrines taught that may be arrayed before us as *school*, or *anti-school*. That there is such a spirit among us, is evident. The very fact of the resolution itself confirms the assertion. The great cause of dissension in the medical world, not as regards opinions in practice, but as relates to the policy and government of medical organizations, and professional intercourse with each other, is jealousy—that strong passion of the human heart, which arises from fear that a rival will gain an advantage which we had hoped to gain, or that he may be exalted to a position which we had anticipated.

That this spirit may be rooted out of our noble and ennobling profession, we do most heartily desire; because, wherever it may be found, in the private walks of daily professional life, or in our more public engagements connected with medical societies, it is the spirit of discord. It must be avoided, if we would have prosperity; and if we would hide it from the sight of the multitude in our public meetings, we must hide it from one another in our daily life; and let the tribute of gratitude be freely offered to those, who, with a strong desire to serve the profession and the cause of science, have come forward with a suggestion which promises so much benefit. To them let the language be addressed,

“Whoever has qualities to alarm our jealousy, has excellence to deserve our fondness.”

We hope the question involved in the resolution will be fully considered. It does not contemplate to exclude professors from the meetings of the association, but to do away with all exclusive privileges, while it equalizes the legislative power of what ought to be our medical congress.—*N. J. Medical Reporter*.

### Medical Statistics of Paris.

The number of physicians in Paris has diminished this year, but not in as great a proportion as in 1848. There are now in Paris 1351 physicians; in 1849 there were 1389, making a diminution of 38. Among the 1389 physicians of 1849, 68 are dead and 86 have left Paris; of these 86, 12 have gone to California. Among the 1351 physicians that compose the list of 1851, there are 113 new names; there were 114 new names in the list of 1848.

There are now 178 officers of health, which are more than the number of medical men during the reign of Louis the XIV. The number of druggists is 381, and the sages-femmes number 380. The number of graduates slightly increased in 1851—there were then 236, whilst in 1849 there were 230.—*Jour. des Connaissances.*

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### Case of Stricture of the Urethra.

BY JAMES F. CRUIKSHANK, M. D., DALMELLINGTON, Ayrshire, SCOTLAND.

The recent introduction, by Mr. Syme, of a method of treating stricture of the urethra by incision, has brought within the range of surgical relief a certain class of cases, which hitherto have been regarded as irremediable by the usual method of dilatation, and which in some cases even demanded immediate relief by puncture of the bladder. But as new methods of operating are generally slow in being adopted, more especially when such surgical interference finds a place among the minor operations of surgery, I think that medical men, and chiefly those practising in large country districts, are bound to record their experience, when they have had any opportunities of putting new methods of cure to the test. Upon the principle, also, that every case ought to be recorded in which any new operation has had a fair trial, whether the result shall have been favorable or not, I beg to publish the following case: I have withheld its history till now, for this reason, "that strictures which have been cured in the ordinary way, by dilatation, are often apt to return in some degree upon exposure to cold and wet, even when gonorrhœa has not been again contracted."

About the beginning of November 1849, James Macrae, a miner, 45 years of age, and of rather intemperate habits, consulted me in regard to a stricture of the urethra, from which he had suffered with more or less severity for about three years, the result of an acute gonorrhœa, which had lasted some weeks, and had given way under the ordinary treatment, without injections.

The stricture was a very tight one (admitting with difficulty No. 2 bougie,) and situated at the bulb of the urethra. During a period of about two months I continued to dilate it regularly, in the usual way, by the introduction of metallic bougies, till No. 8 of the scale could be introduced. Gradually, however, he began to suffer much pain from the passage of the instrument through the canal, and latterly had rigors, succeeded by severe constitutional irritation, which confined him

to bed for some days. I did not venture to introduce the bougie for more than a week after his recovery from this attack, and on doing so, I found that the stricture had contracted to its original size, so that I could with difficulty introduce bougie No. 2. A small, hard swelling, with indistinct fluctuation, now appeared at the seat of stricture. Being under the necessity of working constantly, and, from the nature of his employment, to sit on the wet ground, (circumstances which tended to aggravate his complaint,) he was naturally anxious for some effectual and speedy cure. At this time I had occasion to be in Edinburgh for a day or two, and availed myself of the opportunity of seeing Mr. Syme perform his operation for the relief of stricture upon two patients. I determined, accordingly, to try it; and, on the 30th January 1850, with the ready consent of the patient and the help of my assistant, the late Dr. M'Curdy, I performed the operation as directed by Mr. S. I introduced a grooved bougie, of very small dimensions, (about No. 2,) and made an incision in the raphe of the perineum, over the seat of stricture, which I completely divided. On making the incision, a small quantity of matter escaped, which had formed in the tumor I have already noticed as existing. I then introduced No. 9 catheter, which was retained during forty-eight hours, without much uneasiness. The urine continued to come by the wound for five days, when it began to flow by the natural channel; and in three weeks after the operation, he was able to resume his work, the wound having healed slowly and well. I introduced catheters Nos. 11, 12 and 13, once a month for three months, with ease, and without pain or rigors. He then left this part of the country, and I saw no more of him till about the end of March 1851, when he appeared quite well, and informed me that he had been constantly at work since his recovery from the operation; and, in order to test the efficacy of the cure, I introduced No. 13 bougie without the least difficulty.—*Edinburgh Monthly Journal of Medical Science.*

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### **A Case of Obstruction of the Colon relieved by an Operation performed at the Groin.**

BY JAMES LUKE, SENIOR SURGEON TO THE LONDON AND ST. LUKE'S HOSPITALS.

The subject of this report was a man aged 60, who on December 16, 1850, first complained to the author of feeling generally unwell. He had no pain, but his countenance was depressed, his eyes sallow, and his tongue coated. The bowels were confined, and lately medicines had acted with difficulty on them. An aperient was ordered, and on the following day he passed a small lumpy motion, but without relief to the symptoms; castor oil was ordered, but after a time was rejected by vomiting. On the 18th there was no relief from the bowels, and he vomited everything he took. From this time he progressively got worse in spite of all the means resorted to for his relief. He complained of pain chiefly about the region of the cæcum. The

transverse arch of the colon could be felt distended and tympanitic. A careful observation of the case had led the author to believe there was obstruction in the bowel about the sigmoid flexure of the colon, and it was resolved as a last resource to operate upon the patient. The operation was performed on the 23rd. Not thinking it prudent to assume that the conclusion respecting the seat of the obstruction was certainly correct, the author determined to adopt that operation which would give him some opportunity of extending his search, provided he did not find the obstruction at the point where it was supposed to be. He therefore opened the abdominal parietes near the groin, by an incision four inches in length, a little to the outside of the course of the epigastric artery, the lower extremity of which incision terminated a little above Poupart's ligament. The peritoneum was opened to the extent of about two inches. On passing the finger down the surface of the intestine, which now protruded, a diseased mass could be felt, which appeared to encircle the intestines. The bowel was then opened above this part; a large quantity of feculent matter came away and the patient expressed himself as relieved. On now passing the finger into the bowel it was found to be impervious about two inches below the aperture. After the operation the recovery of the patient was rapid. On the second day, fœces passed per anum, and continued to do so for more than a month, when their passage through their natural opening ceased; it was again partially restored, but from this time the greater part of the fœces passed by the wound. This was closed by a well fitted pad, and he has been enabled since to pursue his ordinary occupation almost without interruption. The author then proceeds to remark on the danger of protracted delay in attempting to relieve such cases—a delay which is, however, to a great extent rendered necessary by the difficulties of diagnosis. The distension of the colon, and the evidence afforded by the proper introduction of the long tube, are pointed out as the two means of diagnosis on which reliance may be generally placed for the purpose of determining the seat of obstruction, when it is situated at the lower part of the colon. The advantages of the operations of Amussat and Littre are then compared, and the author, while admitting the advantage gained by operating in the loins, as proposed by the former—of not opening the peritoneal cavity—yet thinks that the operation in the groin offers certain advantages which render it in many cases preferable. By the operation in the loins nothing more could be done than opening the intestine; but this might in some cases be improper—as where obstructions were produced by fibrous bands overlying the intestine, or by strangulations, the result of causes acting exteriorly to its tunics. In these cases, the proper treatment is to divide the bands, or relieve the cause of strangulation. In the event, too, of an error of diagnosis, the opening in the loins does not provide any facilities for correcting the error. The danger of total failure of affording relief consequent upon this state of things, must therefore be attributable as a demerit to the operation in the loins. There are besides the minor evils in this operation, that the opening cannot be conveniently attended to by the patient himself, and that there exists frequently a great disposition to contraction, arising from

the great depth of the wound, which requires renewed surgical interference. In all these particulars, with the exception of the necessary attendant of peritoneal section, the operation of opening the abdominal parietes at the groin, in all cases of obstruction or suspected obstruction, in the lower part of the colon, appears to the author to be the operation which should be preferred. It affords facilities for modifying the treatment, either by opening the intestine, when incapable of relief by other means, or by dividing or removing any existing cause of strangulation. It enables the surgeon to extend his search within a limited range, in the event of the diagnosis proving incorrect; it allows him to open the bowel as close as possible to the seat of obstruction; and it secures to the patient the facilities for attending to his own comfort, which appears almost a necessary condition to make life endurable under such circumstances—*Dub. Med. Press.*

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### Observations on the Nature and Treatment of certain Diseases.

BY ROBERT J. GRAVES, M. D., F. R. S., &C.

#### *Neuralgic Rheumatism.*

In December 1848, I was called to see a gentleman of middle age and robust constitution, who was attacked by a very singular variety of "neuralgic rheumatism." He had caught cold from wet feet, and was seized with feverish symptoms, and violent pains in the nerves of the lower extremities. All the muscles of the thighs, calves, legs and feet seemed to be more or less affected, and the pain was most agonizing, being accompanied by spasms of the muscles, in violence and intensity resembling those witnessed in Asiatic cholera. I caused the affected limbs to be constantly stuped with a decoction of poppy-heads, and rubbed with an oily narcotic liniment. Finding, however, that the relief obtained by these means was only partial, I gave him internally large doses of Dover's powder combined with James' powder, and took blood from his arm; and I caused the lower extremities to be bandaged carefully, commencing at the toes, and proceeding upward to the thighs. These means were effectual, and cured the disease in less than two days; but after the pain had ceased there was, however, (as might be expected,) some loss of power in the extremities for a short time. This was the second time that the patient had been attacked in this singular way.

I have seen a person nearly suffocated by acute pleurodynia, when this disease attacked the intercostal muscles of both sides of the chest, and I have no doubt that suffocation may happen from the spasms of cholera when they attack the muscles of respiration generally, or those of the glottis in particular.

Thus I recollect attending, at Merrion, in 1834, with Mr. R. Wilkinson of Blackrock, a lady affected with Asiatic cholera, in whom the spasms of the intercostal muscles at both sides were so continuous and so violent—and in whom, consequently, the respiratory move-

ment was proportionately painful, that the affection had nearly proved fatal by the impediment it threw in the way of the motion necessary for carrying on the act of breathing. Among the numerous patients whom I have seen affected with cholera, this was the only case where the spasms occupied the intercostal muscles.

### *Atonic Gout.*

The following case exhibits some interesting particulars as to the causes which are capable of exciting gout in a constitution hereditarily predisposed to that disease. A watch glass maker, of regular habits and steady conduct, enjoyed a robust state of health until he arrived at the age of eighteen years, when he undertook a journey to America, and was constantly sea-sick for the first five days of the voyage; at the end of which time the constant throwing up of bile and the nausea ceased, but gout suddenly appeared in both his feet, and the characteristic redness and swelling of the balls of the great toes were accompanied by agonizing pain. Among the books which he had taken with him was a copy of "Buchan," in which he found it recommended to take abundance of wine, in order to keep the gout out of the stomach. He followed this advice, and in about a week the gout left him, and he was perfectly well when he arrived at New York, after a voyage of twenty-three days. He had no fit of gout for twenty-three years after; since then, however, he has had repeated attacks, and I am now (19th January 1849,) attending him in his sixtieth year, in a violent paroxysm of the disease, occupying both feet and one of his knees. The causes which brought on the gout in his first attack are interesting, inasmuch as the circumstances of the case prove, first, that a nausea and vomiting, continuing several days, accompanied, as always happens in sea-sickness, by an unusual discharge of bile, is not capable of preventing an attack of gout. Secondly, that the operation of whatever debilitates the system predisposes the patient to an attack of gout. Upon this subject Dr. Todd has made some very judicious observations in his treatise on gout. Thirdly, we may learn from the particulars of this case that the treatment adapted for gout differs much from that to which we have recourse in rheumatism and other inflammations. I lately saw a striking illustration of this in a gentleman whom I was attending with Mr. Hamilton. We had been obliged to exhibit mercury rather copiously for the cure of certain venereal symptoms, and had brought on a profuse salivation. Two days after the salivation had commenced our patient was attacked with a violent and regular fit of podagra in the ball of the great toe; this fit lasted several days, during the whole of which time the salivation continued.

It is worth remarking that a hereditary disposition to gout may lie dormant in the system during a long series of years. Of this I saw a remarkable instance in a lady upwards of seventy years of age, when I first commenced my attendance on her. Her parents had been martyrs to gout, and the dyspeptic symptoms, of which she chiefly complained, were such as are often observed in gouty persons. Accord-

ingly, I gave it as my opinion that she had a gouty diathesis. This opinion was not verified until she had attained to the age of eighty-two years, when she had a violent attack of gout, first in her right foot, and afterwards in her left.

Dr. Neligan has furnished me with an illustrative example of this fact, in the case of the Hon. E. M., in whose family gout has long been an heir-loom. His first attack occurred when he was in his seventy-first year, and he died, from a third attack, in about three months afterwards; his sister, also, was attacked with the disease, for the first time, in her sixty-fifth year; yet several members of his family, amongst others his only son, were martyrs to gout from their youth.

A fact I observed very lately tends also to corroborate the opinion that the local inflammation of gout may be induced by debility: a gentleman dying of long-continued diarrhoea, combined with a dropsical tendency, was seized with podagra forty-eight hours before death.

### *Spontaneous formation of Poison in the Human Body.*

On a former occasion I detailed the particulars of several cases which seemed to prove that wounds and accidents affecting external parts may give rise to symptoms plainly denoting the operation on the constitution of a poison manufactured, if I may use the expression, in the injured skin and subcutaneous tissue. The following facts corroborate that conclusion:

A healthy child, the daughter of a friend of mine, scratched her nose with a blunt nail. The wound inflamed, and subsequently festered, and in several days after, the face, forehead, and at a later period, the trunk, became more or less covered with an eruption somewhat resembling ecthyma. The child got well in a fortnight, under the local application of soothing remedies and the internal use of lime-water with milk, which was given to obviate a looseness of bowels that followed the appearance of the eruption. It is curious that the matter from the pustules infected three of her little nursery play-fellows. As soon as this fact was noticed, the children were separated from each other, and the nascent pustules were checked in their progress by applying a weak solution of nitrate of silver. They all recovered. The case is interesting, as affording an additional proof, not only that an injury may cause the human body to manufacture a poison capable of infecting the constitution of the individual, but that the matter so formed may be capable of infecting by contact other persons.

In the case of Miss G——, aged sixteen years, who labored under fever, bed-sores formed on the sacrum and hips, which gave much trouble and were very obstinate; but, notwithstanding, there seemed to be some chances of her recovery, when, on the twenty-fifth day of her fever, during the nocturnal delirium, she bit off a large portion of her right thumb nail, and injured it to the quick; it inflamed rapidly, and the finger swelled, the lymphatics of the right arm became indurated, and the whole extremity swollen. After a few days the body

was covered with large vesicles, many of which were confluent, and contained an opaque whitish serum; there was also an increase of constitutional irritation and of fever. She died on the thirty-second day. In this case it is doubtful whether the poison originated in the bed-sores, or in the injured thumb.

I saw, in the spring of 1848, another young lady who labored under typhus fever, and who, after a long struggle, was apparently about to undergo a favorable crisis, when suddenly the skin of her scalp, that had been blistered previously, and had healed but imperfectly, became erysipelatous. The disease spread slowly at first to the forehead and eye-lids, in which matter formed abundantly, and was after some days let out with the lancet. The erysipelas now extended to the neck and between the shoulders, assuming daily a more unfavorable character, and producing, as it spread, much subcutaneous oedema attended with the formation of sero-purulent matter, as is usual in cases of diffuse inflammation. Her state became rapidly worse—vesicles containing sero-purulent matter formed on her skin, and at last many of her joints, both large and small, became the seats of puriform deposition shortly before her death.

I think I have been able to trace many of the symptoms observed in *rupia cachectica*, and in the worst forms of secondary lues and pseudo-syphilis to the operation of a poison formed in irritated ulcers, whether in the throat or other parts. Hitherto pathologists have considered these constitutional effects to be the result of a poison introduced into the system from without. I hope on a future occasion to discuss this important question with the care it deserves.

### *The Therapeutical Powers of Aconite.*

Although the medicinal properties of this plant have been long ago described by continental authors, yet we are much indebted to Professor Fleming (now of Queen's college, Cork,) for the accurate observations and cases which form the basis of his treatise on its virtues—a treatise to which must be ascribed its general introduction into medical practice in Great Britain. I still continue to find it useful in certain obstinate cases of neuralgia; while in other cases of this disease its effects have disappointed me: however, this is all that can be expected from any medicine which acts upon the nervous system. It is impossible that it could invariably produce beneficial effects, yet the practical physician will be satisfied if it exhibits its powers in a given proportion of cases.

Aconite failed to give relief in the case of a lady laboring under chronic lumbago and sciatica, although it was pushed as far as prudence would allow. Its failure in this case disappointed me much; but at the same time I may remark that there was something in this lady's malady which rendered it particularly intractable, and caused all the medicines that were employed to produce little or no good effect until, after many months, I tried strychnia internally, which proved a speedy and perfect cure.

In another case, in which the patient, a middle aged gentleman of

robust constitution, suffered from a cutaneous neuralgia affecting various parts of the skin at different times, and not sparing any part of the body, so as to render his life miserable during the paroxysm, the aconite likewise failed, as did all other remedies. The result was more encouraging in the following cases :

I attended, with Mr. Nicholls, of Dawson street, an officer aged about sixty-five years, who long labored under the effects of hereditary gout, and who sent for me during an excruciating gouty neuralgia, affecting the nerves on one side of his face. He was speedily and completely relieved by the tincture of aconite, applied locally.

I attended also, with Mr. Nicholls, a gentleman from Roscommon, who was attacked with rheumatic fever during a temporary residence in Nassau street; in the latter part of the fever he was tortured by pains darting from the front to the back of the chest, or *vice versâ*, or else from one side to another—in fact these pains occupied successively nearly the whole extent of the diaphragmatic attachments. In this case the aconite proved itself a most valuable auxiliary remedy; as it did likewise in a very similar case that I had in Harcourt street, which I attended along with Surgeon Adams. In the latter instance it is necessary to remark, that the gentleman had been frequently cupped over the seat of the pains with relief; and that he was, at the time of taking the aconite, in a debilitated state; under these circumstances eight drops of the tincture, given in the morning, and repeated in four hours afterwards, seemed suddenly to check the pains; but it at the same time brought on indistinctness of vision, a failing of the pulse, and a diminution of general heat, which were for the moment very alarming symptoms, but yielded in a few hours to stimulants, such as brandy and wine. No bad effect remained; but the specific action of the medicine deterred us from having recourse to it again, when the diaphragmatic pain returned in two days, though with diminished violence.—*Dub. Quar. Jour. Med. Sci.*

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### **Dr. J. Henry Bennett's Treatment of the Local Element in Inflammatory Affections of the Cervix Uteri.**

The treatment of the local element in inflammatory affections of the neck of the uterus, which I adopt, may be given in a few words; it is the treatment followed in all chronic inflammatory diseases situated in a position attainable by surgical means. If there be any acute or subacute inflammation present, it must be subdued by antiphlogistics and astringents. When once this has been accomplished the morbid action still persisting must be modified and converted into healthy vital action by stimulants. Thus in the first stage of treatment, we use emollients, leeches and astringent lotions; in the second, we apply to the diseased surface caustics, in order, secondarily, to set up healthy action. The eschar, which they produce, is eliminated and thrown off by a process of vital inflammation, which tends to restore the healthy condition of the diseased surface. The intensity of the stimulant to be used depends on the chronicity and sluggishness of the disease, and

on its resistance to therapeutic means. In recent and slight cases, the nitrate of silver is sufficient ; but when the morbid state penetrates below the surface and the submucous tissues are diseased and hypertrophied, it is generally insufficient, and stronger agents—agents which produce a greater reaction—are required. Then it is that the mineral acids should be used. Occasionally, however, even these fail when the disease has existed many years, and there is considerable deep-seated chronic inflammation and hypertrophy. It is in such instances that potassa fusa or potassa cum calce proves a most invaluable remedy ; inasmuch as, by its means, any amount of vital reaction that is required, can be obtained. Since I have known its use, that is, for the last fourteen years, I have not met with any case of inflammatory disease of the cervix which has not eventually given way. But it is more especially since I have simplified the application of potassa cum calce, by running it into fine cylinders, like those of nitrate of silver, that it has proved invaluable to me ; inasmuch as it has thus been rendered nearly as easy of use, and as free from risk in application, as the nitrate of silver ; moreover, it may thus be much more easily graduated at the will of the operator. I must, however, again impress on my readers that I never apply potassa cum calce to destroy tissues, but merely to set up healthy eliminatory inflammation, under the influence of which, indurated and hypertrophied tissues melt and are resolved, and morbid surfaces become healthy and heal.

I was induced some years ago empirically to apply, with great caution, the smallest sized potassa cum calce cylinders to the cervical canal, in intractable inflammation, as a last resource, and with great success. This success I now attribute to the fact of its reaching, by its more powerful action, the inflamed mucous follicles which lie between the radiations of the arbor vitæ, and are thus subtracted from the influence of milder agents.

Potassa fusa was first introduced as a remedy in these forms of uterine inflammation by M. Gendrin of Paris, but had not been adopted by the profession when I left that city, nine years ago ; although, I believe, it has since been more favorably received. I can myself claim the merit of having introduced it into practice in this country, and of having simplified its use as above mentioned. I am continually using it, with proper precaution, avoiding scrupulously the acute or sub-acute stages of disease, and never meet with any accident. I may say the same, as far as I am aware, of the numerous practitioners who have adopted it throughout the country, on my recommendation. I must, however, caution those who would use it inside the os, to apply it very gently, and to guard against the too great closing of the cervical orifice, as the surface touched heals. For want of these precautions, in several cases treated in the country, in which I have been consulted, the os uteri has been all but closed. The dilatation of the contracted os is always easily accomplished when this is the case, by means of graduated bougies ; but such contraction had better be prevented, by proper judgment and care in the first treatment of the patient.—*London Journal Med.*

## Results of Surgical Operations in Malignant Diseases.

*To the Medical Profession of the United States.*

The undersigned having been appointed at the last meeting of the American medical association chairman of the committee on the "Results of surgical operations in malignant diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroïd diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, ancephaloid and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloid, eiloid and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws and gums; the lymphatic ganglions of the neck, axilla, groin, and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis; the anus and rectum; and finally, the extremities.

3. The age, sex, temperament, residence and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of operation.

5. Mode of operation; whether by the knife, caustic or ligature.

6. Time of death, or relapse, after the operation.

7. Examination of the morbid product; how conducted—whether by the unassisted eye alone, or by means of the microscope, and chemical tests.

The undersigned hopes that the importance of the subject confided to him as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American medical association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject should be sent to the chairman of the committee by the 1st of January 1852.

Medical journals and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice.

S. D. GROSS, M. D.

*University of Louisville, June 29, 1851.*

THE



AND

## VIRGINIA MEDICAL GAZETTE.

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### Surgical Cases---with Remarks.

BY J. J. THWEATT, M. D., PETERSBURG, VA.

*Case 1.*—In 1845 I was requested to see a negro child, about 6 to 8 months old, with deformity of both feet, which could only be relieved, as it was thought, by an operation. On examination I found the deformity to consist of that form of club foot, denominated *talipes equinus*, complicated with varus. The child was healthy, and born of healthy parents. I advised an immediate division of the tendo achillis, the unnatural retraction of which was the cause of the deformity. Consent to the operation was given, and it was performed in the following manner: The child was placed upon its belly, the foot firmly held by an intelligent assistant, and the tendon stretched. A small puncture of the integuments over the tendon was made about an inch and a half from the os calcis; then by introducing the tenotome, and dividing the tendon, the foot immediately assumed its normal position. The tendon of the other foot was divided in the same manner and with the same result. There was no hæmorrhage, and the child apparently did not feel the operation. Adhesive straps were applied to the wound, over which a light dressing was used; and an anodyne was directed to be given if the child was restless. On the third day the wound was entirely healed and only a slight deformity remained. To retain the feet in their proper direction, I employed the following simple apparatus: Two small splints with graduated compresses were placed on each side of the leg, extending from the knee to about two inches beyond the malleoli, and over them a bandage. A gaiter, made of strong cloth, was applied over the feet, and to the gaiter ribbon bands were sewed, which were brought up and attached to the splints; the feet were in this way kept in an extended position. The apparatus was removed every five or six days, so that the divided tendon might be examined. Under this treatment the deformity almost entirely disappeared.

*Case 2.*—In 1850, M——, a fine healthy girl, about four or five years of age, was born with a deformity of both feet. The tendon achillis was retracted and the feet turned inwards. When she walked or stood it was on the outer edge of the feet. The deformity was of that form called talipes varus. Manual manipulations and various mechanical means had been resorted to to relieve the deformity, but with partial success. My advice was solicited, and I recommended the section of the tendon achillis. Consent to the operation was readily given. The child was placed on her belly; an assistant extended the foot; the tendon being tense and prominent, a small opening in the skin over the tendon was made, the tenotome introduced and the tendon divided transversely; the division of the tendon was accompanied with a distinct crack; no blood followed the operation. Adhesive straps were applied and the little patient put to bed, with directions to keep her quiet until I saw her again. On the third day the small wound of the skin had healed by the first intention, and the feet were only slightly curved. The apparatus of Messrs. Yerger and Ord was applied, and the child allowed to walk about. The deformity has yielded to the treatment.

**REMARKS.**—Modern surgery can boast of no greater achievement than tenotomy or division of tendons for the removal of various deformities of the human body. At one period in the history of surgical science, the division of tendons was regarded by the highest authorities as fraught with danger. To the genius and labors of Delpech and Stromeyer, we are indebted for the introduction of this operation into surgical science. These eminent surgeons have proved the entire innocence of tenotomy as well as its eminent utility; other distinguished surgeons have since added their valuable testimony to its practicability and success. We will now offer a few reflections on the nature and treatment of club foot, and especially on the division of the tendo achillis. Much diversity of opinion exists among surgeons with regard to the origin of club foot. Some attribute it to the position of the foetus in utero; others to derangement of the cerebro spinal system; but the most received, and by far the most philosophical opinion is, that which confines its origin to an arrest of development, with deficiency of nervous power in the muscles. Before the operation of division of tendons, the treatment of club foot consisted of various stimulating embrocations, oils, &c.; but the chief reliance was in the application of various mechanical means. Stimulating embrocations are now abandoned; but many surgeons still rely on mechanical contrivances for the cure of this species of deformity. It would be too tedious, and not at all compatible with the design of this paper, to enter into a description of the innumerable machines which have been invented and recommended for the treatment of this deformity. Suffice it to say, that the treatment of club foot by mechanical means, however ingeniously managed, is slow, tedious and painful, and in a large majority of instances is attended with but poor success. At present mechanical means are resorted to after the division of the tendon, in order to keep the feet in their natural position. There are three forms of club foot in which the tendo achillis

is divided, to wit: the talipes equinus, talipes varus and talipes valgus. The two first are frequently met with, the last is seldom seen.

The early tenotomists were in the habit of dividing at the same time the tendo achillis, tibialis anticus, posticus, and sometimes the plantar fascia, for the relief of talipes equinus and varus; but experience has shewn that the division of the tendo achillis is amply sufficient for the relief of the deformity. After the division of this tendon, the contraction of the others can be overcome by properly adjusted mechanical means. In talipes valgus, or splay foot, the tendons of the peroneous longus and medius are divided. It is, however, the opinion of Stromeyer, that no material advantage is derived from a division of these tendons—an opinion in which we fully concur.

The section of the tendo achillis can be made at all ages; and we do not hesitate to say, that the sooner it is made, the more effectual will be the operation. One great and important advantage in an early operation is, that you can, in many cases, by judicious manual manipulations, supersede the necessity of a resort to mechanical means in the after treatment; and if compelled to resort to them, the simple apparatus that was used in the first mentioned case will answer every purpose. Different methods have been recommended for dividing the tendo achillis. The early tenotomists divided it from behind, making two openings in the integuments: a modification of this method is adopted by some surgeons.

The tenotome or small straight pointed bistoury is introduced behind the tendon, the patient being placed on the belly, and by a sawing movement divides it: by this mode only one opening is made in the skin. Both of these methods are now abandoned for the subcutaneous, which is performed in the following manner: The patient is placed on the belly; the tendon is relaxed by flexing the foot. The surgeon with the fingers of the left hand draws up the integuments in front of the tendon, introduces the tenotome by a small opening in the skin on the internal side of the tendon, and extends the foot suddenly and divides it.

The method of Bouvier, with a slight modification, is the one which we prefer. The patient is placed upon his abdomen; an assistant seizes the foot and extends it: the tendon is thus rendered tense and prominent. The surgeon, with the fingers of the left hand on each side of the tendon, by gentle pressure, makes the tendon still more prominent: with his right hand he makes a small opening in the skin in front of the tendon, about two inches from the heel, inserts the tenotome and divides the tendon by cutting from behind forwards. After the division of the tendon, adhesive straps should be applied to the wound of the skin, and over these a light dressing, and the patient allowed to remain quiet for two or three days: after which time the feet are placed in a right direction and retained so by a well adjusted apparatus. The after treatment of club foot is of great importance, and demands the utmost care and circumspection in the surgeon. All harshness should be studiously avoided, and the apparatus selected should be applied with the utmost care and gentleness.

In order to keep up extension after the division of the tendo achillis,

various apparatuses have been invented and commended. The surgeon can exercise his taste or judgment in the selection of either Scarpa's or Delpech's or Stromeyer's or Pauli's or Stromer's apparatus, a full description of which can be found in any systematic work on surgery.

When the operation is performed in early infancy, we prefer the simple apparatus described in case first, and we can safely venture the declaration that with care and attention it will fulfil every indication.

In older children we prefer Desault's apparatus for fractures of the femur, as modified by Dr. Physick. The use of this apparatus should be confined to the early stages of treatment: it should not be continued longer than four weeks—a much shorter time is often sufficient: after which the apparatus of Scarpa, or which is far preferable, an apparatus, invented by Messrs. Yerger & Ord of Philadelphia, should be properly applied, and the patient allowed to walk about. The duration of the after treatment of club foot depends upon many contingencies. Generally after the lapse of two months, the apparatus should be occasionally removed and the child allowed to walk about without it: this course should be pursued until the deformity is entirely removed.

*Case 3.*—1851. Mr. B. consulted me for an affection of the kidneys. On interrogating him relative to his general health, habits, etc., I ascertained that he had been subject to bleeding piles for some time, nearly fifteen years, and his general appearance fully indicated disease of considerable duration; his present sufferings were confined to the kidneys; he complained of great pain in the lumbar region; urine scanty, high colored, depositing a thick sediment on standing; he had fever, no appetite, bowels constipated, restless nights; on testing the urine with nitric acid and heat, it was found to be highly albuminous; my efforts at first were directed to the condition of the kidneys, stating at the same time my belief that the disease of the kidneys was in a measure connected with the diseased condition of the rectum; he replied that he wanted relief from his present sufferings—the piles could be treated afterwards, and that he had not suffered much from them since the disease of the kidneys had commenced. During the treatment I was suddenly summoned one morning to see him; I found him suffering intense pain from a protrusion of the piles, which he had been endeavoring to return, but without success; on examination there was a prolapsus of about two inches of the mucous membrane of the rectum, and a large bunch of hæmorrhoidal tumors of a bright red color, which were acutely sensible to the touch, and bled freely on handling them. On a more minute enquiry into the history of the affection of the rectum, he stated that he had the piles for more than fifteen years, that the gut came down every time he went to stool, which was a source of great annoyance; the hæmorrhage was often very abundant, and there was always some blood in the stools; he had received treatment from several medical gentlemen, and had employed of his own accord various remedies; he had never received but temporary relief from any plan of treatment. I urged him to allow me

to try the effects of cauterization with nitric acid ; he after some time reluctantly consented. Placing him in a proper position, I dipped a large size hair pencil in nitric acid (official preparation) and rubbed it over the hæmorrhoidal tumors until it produced a change of color ; he complained of very little pain ; the parts were dressed with lint and sweet oil, and was directed to use an emollient enema if the pain should be troublesome. On the second day I found him entirely free from pain ; no fever or nervous excitability ; had passed a comfortable night ; the piles were less congested and slightly diminished in size ; the bright red color was changed into a dirty brown ; a small portion of the protruded gut had returned ; he was required to strain as if at stool ; this brought in view more tumors, which were situated higher up the intestine. The nitric acid was freely applied as before ; he complained more of pain this time ; described it as of a burning, stinging character ; the same dressing with the same directions was ordered. On the third day the piles were again cauterized, which occasioned a good deal of pain—anodyne emollient injections were given, which soon removed the pain ; the protruded intestine was now easily returned ; the piles had diminished in size and number ; he was ordered to take a gentle laxative and remain quiet. On visiting him again I found his general condition much improved ; he was free from pain, slept well, good appetite, pulse calm and quiet, bowels open, and only a slight prolapsus of the intestine ; no blood passed with the stools ; on inspecting the rectum no tumors were visible ; on inserting the finger up the intestine I found the parts contracted, and two or three tumors, which were hard and insensible. The patient is now doing well ; has had no return of his original disease.

REMARKS.—The above case is interesting in several particulars : First. Duration of the hemorrhoids. Here was a patient who had been afflicted with the piles for fifteen years, during which time his suffering had been often intense, always sufficient to render life unpleasant ; he had been treated by medical men of distinction, who no doubt applied the remedies so often vaunted as a cure for the piles ; he had recourse to quackery and tried its infallible remedies, all without relief—his general health became affected—he was nervous and irritated—complained of great muscular debility—constipation of the bowels, anorexia, insomnia, etc. This is not an exaggerated picture. Second. Affection of the kidneys. This case is but another fact of the erroneous opinion of Dr. Bright. In this case the affection of the kidneys was beyond disputation a secondary one, dependent entirely on sympathetic irritation. There was no symptom of organic lesion, unless the albuminous urine be recognized as one. It is well known that Dr. Bright maintains that albuminous urine is pathognomonic of a peculiar morbid condition of the kidneys—denominated by him as a granular degenerescence of the kidneys ; that albumen is found independent of any organic lesion of the kidneys, is a fact well established by the observations of distinguished medical men in this country as well as in Europe. In the case reported there could be no question with respect to its origin ; its total disappearance after the cure of the hæmorrhoids removes all ground for any speculation. Third. The rapidity and completeness of the cure, the remedy, etc.

In the 7th number of Braithwaite's Retrospect, there is an article on the pathology and treatment of hæmorrhoidal tumors, by Dr. John Houston of Dublin, replete with interest. It was from his high recommendation of the nitric acid as an escharotic in piles, that I was induced to try its powers in the case reported. It must be confessed that it was resorted to with no small amount of therapeutic scepticism; and it is but feint praise to say that I was astonished at the benignity and efficiency of its powers. When we take into consideration the frequency of hæmorrhoids, their obstinate character, the distress which they often entail upon the life of the unfortunate patient, the variety of remedial agents, external and internal, which are alternately and unsuccessfully administered for their cure—and lastly, the painful and often dangerous operations to which patients are ultimately subjected—I repeat, when we take all these things into consideration, too much praise cannot be bestowed on Dr. Houston for the introduction of a remedy, which is easy of application, mild and efficacious in its effects. The doctor regards the intense suffering which patients undergo who are affected with piles to depend on a particular morbid condition of the mucous membrane covering the piles. There are two varieties of this pathological condition of the mucous membrane: in the first, there is an anastomosis of the small vessels of the mucous membrane and submucous tissue; in the second variety, the mucous membrane is congested, hypertrophied and sensible, and of a chronic, inflammatory character. The nitric acid is fully capable of removing the above morbid conditions. The condition of the parts in the case we have reported corresponds entirely to the graphic description given in the article published by Dr. Houston. The mucous membrane which covered the hæmorrhoidal tumors was deeply congested, acutely sensible, of a strawberry color; bled frequently, and especially when touched. The nitric acid not only removed this condition of the mucous membrane, but completely destroyed the piles, by producing adhesive inflammation. It not only cured the piles, but the prolapsus of the intestine was also cured. A question now arises, and we invite the particular attention of the profession to it—May not the prolapsus ani, so frequently met with in children, depend upon this morbid condition of the mucous membrane? Would not the nitric acid be a remedy worthy of trial in such cases? We shall endeavor to give a categorical answer to these questions in a future number of the Stethoscope.

In conclusion, we hope that surgeons will experiment with nitric acid in the treatment of piles, no matter what may be their peculiar views of their pathology or *modus operandi* of the remedy. We want more facts of the efficiency of nitric acid as an excharotic in the treatment of piles.

### Acute Peritonitis.

BY J. N. BROOCKS, M. D., RICHMOND, VA.

This is one of the most formidable maladies that afflicts the human race. It involves the most extensive serous membrane of the body, and one most intimately united and blended with many of its most important organs. It covers all of the viscera contained within the cavity of the abdomen, and lines this entire cavity. When acutely inflamed, therefore, great embarrassment of the functions of these organs and great disturbance of the general system might naturally be expected to arise. The peritoneum is very susceptible of inflammation, and when one part is affected it soon spreads over the entire or greater portion of its surface. It is sometimes, though rarely, of limited extent. The features of this disease are so marked, that it may be so readily recognized by an observing practitioner, it will not be necessary to enter into a minute and full history of them. I shall endeavor to give only its most prominent and characteristic symptoms. In its forming stage there is usually observed rigors or a chill, soon followed by reaction and fever, pain of the abdomen, which is increased by pressure, and in the course of a few hours this tenderness or pain is so much augmented that the patient cannot bear the weight of the bed-clothes; the abdomen is swollen, and the bowels are generally costive; there is head-ach, hot and sometimes moist skin, ardent thirst, nausea and vomiting; the tongue is coated with a whitish crust or mucus; the pulse accelerated, small, hard and corded; the patient lies on the back with the legs drawn up to relax the muscles of the abdomen. This disease, when violent and not arrested by suitable remedies, soon terminates in death. The pain suddenly ceases—the pulse sinks, vomiting of dark matter takes place, cold clammy sweats appear on the forehead, whilst the abdomen is hot and dry, and the extremities cold—the countenance is haggard, and hickup supervenes. These are the phenomena which are generally witnessed in acute peritonitis—they are often modified by the idiosyncrasy of the patient, and by the disease being complicated with other affections.

**AUTOPSY.**—The peritoneum is found to be minutely injected with blood—the convolutions of the intestines glued together—a serous or puriform fluid in the abdominal cavity and also in the cellular tissue beneath the peritoneum, and, according to Dr. Cragie, the peritoneum sometimes becomes thick and assumes a pulpy appearance, and sometimes, though rarely, ulcerates. Bichat found gangrene to occur. Previous to his researches it was believed that the inflammation of the serous tissues never terminated in gangrene. He thinks that the peritoneum is more susceptible of gangrene than any other serous membrane. The peritoneum is sometimes found to exhibit no red appearance, owing perhaps to the escape from it of blood just before or in the struggle of death—or, as the great Bichat contends, that in the acute phlegmasiæ the blood is confined to the inflamed part by irritation, and this ceasing with death, it gravitates and is lodged in the

surrounding tissues. All ages and sexes are liable to attacks of this disease, and at all seasons of the year.

**CAUSES.**—It is most generally induced by cold in some form, as other inflammatory diseases are, as cold air combined with moisture—drinking cold water and eating ice-cream when the body is heated—by the use of ardent liquors—drastic purgatives administered soon after parturition—by violence, as straining, leaping, &c.—by suppression of wonted discharges—by fluid extravasated into the cavity of the abdomen by perforation of the bowels—by metastasis—as the recession of gout and erysipelas from the surface and attacking this membrane. The suppuration of an external wound is often followed by peritonitis, owing to the close sympathy which exists between the cellular tissue and the serous membranes.—(Broussais.) Parturition is a very fruitful source of the disease—and it does not seem to depend on the difficulty of labor, for in most of the women in whom it occurred, parturition was remarkably easy, and the placenta was cast off after a proper interval, and without more than usual pain.—(Armstrong.) This opinion is concurred in by many of the most eminent and extensively engaged accoucheurs—and it is certainly a very curious fact, unless it is attributable as Dr. Denman thinks, to prophylactic measures being oftener used after difficult than easy labors. Puerperal peritonitis was at one time believed by some medical authors of high respectability to be contagious, but few entertain this opinion now.

**DIAGNOSIS.**—It may be distinguished from colic by the latter being unattended with fever, by the pain being intermittent and relieved, instead of being aggravated by pressure; from enteritis, when the inflammation is confined to the mucous coat of the bowel—from the pain being more lancinating and pungent, and increased by a deep inspiration and the erect posture and the tendency to diarrhoea in this affection; from affections of the kidneys, by the pulse being in these diseases slow, and the pain not increased by pressure. The prognosis is uncertain and often unfavorable, owing to the very rapid progress of this disease; for a few hours delay will put the sufferer beyond the reach of our science—but when called at the onset of an attack, we may by a bold and decided course of practice very frequently restore our patients to health again. The degree and extent of pain and the constitution of the patient should, in a great measure, govern the medical man having the charge of the case in the opinion he shall give as to its result. When the phlogosis is diffuse and extended over nearly the whole surface of the membrane, the pain great and the patient of a weak and delicate habit, the prognosis is very unfavorable—when cold sweats appear on different parts of the body, the pulse becomes very weak, very frequent, tremulous or fluttering, the countenance cadaverous; and when sudden abatement of pain, vomiting of dark matter like coffee grounds and hickup occur, the patient's dissolution is near at hand. But when the pulse becomes more open and expanded, the temperature of the surface equal on all parts of the body, when warm and general sweats break out and the countenance puts on its natural and pleasant expression, and the urine deposits a

copious lateritious sediment, we may with great confidence predict a favorable result.

**TREATMENT.**—No disease requires greater promptitude, boldness and skill to conduct it to a favorable termination than this—and none is better calculated to excite greater solicitude and just alarm for the life of the patient, and to induce a medical man more fully to appreciate the high and awful responsibility of his position—for many cases, perhaps the larger number of them, especially when occurring in child-bed, will resist his best directed skill, even under the most favorable circumstances, and rend asunder the strongest and tenderest ties that can ever bind a human being to this world. “Surely if there be one object which can interest the head and heart of a medical practitioner more than another, it is a woman dying in child-bed. The husband too is intimately concerned; no circumstances can grieve him so much as the death of his wife in the puerperal state, not only because he becomes by the death of his wife perhaps the father of a motherless family, but he looks upon himself as almost the murderer of his wife; and can you, dare you refuse, to repay the confidence he reposes in you? Amidst such circumstances too the infant is apt to be neglected; and thus, if you fail to use decisively and promptly the talents which you have received from God for the use of your fellow-creatures, you may have the galling consideration, in the evening of your life, that but for your misconduct the flower and the stem would not have withered at once.” How eager then should the medical man be to inform himself of all the means which have been found in the experience of others to be successful in the treatment of this disease, to enable him not “to violate that duty which he owes to the patient, and betray the most sacred and hallowed trust which one human being can confide to another.” The treatment of this disease is by no means established, but it is very variant. From the imperfect history which has been given of it, I hope it appears sufficiently evident that this disease is one of a very high grade of inflammatory action, and demands usually the abstraction of blood very freely and abundantly by venesection. We should not be intimidated by the debility which is sometimes apparently indicated by the pulse, unless confirmed by other signs of this state. It should be permitted to flow until a decided impression be made on the disease—until the pain abates, the general excitement subdued, the face turn pale, and some disposition to syncope be manifested—and venesection should be repeated as soon as reaction takes place, if it be accompanied with a return of the violent symptoms, and as often as it may be necessary to control and subdue them—the abstraction of blood should be regulated entirely by the effect produced, and not by the quantity drawn. Unfortunately there is no symptom which positively indicates the degree of inflammatory action, and which serves as a *certain* guide in the use of the lancet—the pulse is often deceptive—heat and pain perhaps afford less equivocal evidences of the continuance of inflammation—but the pain is frequently continued after the inflammatory process has been subdued by nervous and not by sanguine irritation—and for the purpose of allaying this irritation, I use opium very freely after vene-

section, combined with alterative quantities of calomel. Between nervous and sanguine irritation there is a very close connection—nervous irritation, if it be active and maintained for any length of time, will excite inflammation, by being carried to the brain and thence to the heart, causing an increase of its action and febrile movements. Opium allays this irritation, prevents irritative fever and reaction, and contributes greatly to the ease and comfort of the patient. A distinguished writer says, that “inflammation being made up of vascular and nervous action, of the afflux of blood to a part, and of pain, it is not irrational to act on both the elements of the malady at the same time, or in periods shortly consecutive of each other.” The happy influence of this valuable agent is not limited to its action on the nervous system, but is extended to the capillary system, equalizing its circulation and inducing general perspiration. When given in large doses after copious blood letting, it prevents subsequent reaction—the return of pain produces perspiration and induces tranquil sleep.—(Armstrong.) Very free leeching over the abdomen will now be highly beneficial—blood drawn in this way produces a greater influence in checking the disease than is effected by the same quantity drawn from the general vascular system by venesection—and it no doubt has been noticed by all who are familiar with the use of leeches, that their effect is much more decided when placed immediately over the seat of the diseased action than when applied more remotely and at a distance from it. Their greater effect, therefore, may be owing in part to some inexplicable sympathy of contiguous parts, and to the blood being taken directly from the same character of vessels that are engaged in the morbid process, and to the revulsive irritation of their bites. After the leeches are taken off, the abdomen should be covered with a large poultice or warm fomentation. Some advise cold applications—they may be useful when the heat of the surface is very great. When the general excitement has been subdued, the abdomen tumid and tympanitic, and when lymph and serum have been most probably freely secreted, I have obtained great benefit from the application of a large blister—large enough to cover the whole abdomen. If by these remedies the disease should not be controlled, the mercury should be pushed to ptyalism. In this stage of the disease a distinguished and successful practitioner formerly administered some of the preparations of bark with decided benefit. I have never done so, but I am disposed to believe that after the general excitement of the vascular system has passed off, that it may be an useful auxiliary to the other treatment. The operation of cinchona appears to be manifested either directly or indirectly through the nervous system, on the capillary, molecular or nutritive circulation, causing an equilibrium in its movements, by inviting blood into its every part. The power which this medicine exerts over intermittent fever he ascribed to the influence which it exerts over the capillary circulation, preventing the development of the congestion or the cold stage, and thus warding off the paroxysm, by counteracting the intermittent irritation. If this be its *modus operandi* in intermittents, it might readily be inferred that it would be useful in this stage of peri-

tonitis, when the disease is contracted and limited to the capillary or molecular circulation of the peritoneum, by diverting the blood and excitement from it. The regimen should be strictly antiphlogistic—the room kept well ventilated, darkened and quiet—the nervous system is highly and morbidly sensible to all disturbing causes. The diet ought to be mucilaginous, consisting of barley water, gum water, rice water, apple water, lemonade, &c. Animal food in every form is highly pernicious.

**PURGATIVES.**—Most writers think highly of this class of medicines in the treatment of this disease, and use them very freely. Candor compels me to say that I have had but little experience with them, for I very early formed a decided impression against their use in this disease, which time and subsequent reflection have strengthened. I shall notice only two of the arguments in favor of purgatives, and I believe they are mostly relied upon to vindicate their administration. The first is the loaded state of the intestines by acrimonious fœces, causing irritation and fever. This I regard to be more imaginary than real, and will not occur if the patient's diet be properly regulated; but should these accumulations take place and become irritating, will they not effect their own expulsion, by calling into action the muscular coat, precisely as purgatives do by exciting the mucous one? This seems to be proved by the well known fact, that if an indigestible article of food be taken into the stomach, and it be not digested, it passes down into the intestinal tube, excites irritation and produces catharsis; and severe diarrhœa from this cause often occurs. The other is acrid secretions. This is also a delusive cause of alarm. There seems to be a friendly relationship subsisting between secreted fluids and the secreting surfaces and the surfaces upon which they have temporarily to repose before being expelled from the system. Bile does not irritate the gall bladder when retained longer than usual, nor urine the urinary bladder, although highly irritating to other surfaces. For example, if the urine be extravasated into the adjacent cellular tissue, a high and destructive inflammation will be instantly lighted up. This relation seems to be retained when these surfaces depart from their normal state, and become anormal. The fluids of hydro-thorax and ascites do not irritate the pleura and peritoneum. The tears, in purulent or Egyptian ophthalmia, excoriate the cheeks in passing down them, but manifest no such action on the conjunctiva and edges of the eyelids. But should these intestinal secretions accumulate and become irritating from any cause, is it not perfectly obvious that they will be expelled as other offending matters are? I not only regard purgatives as unnecessary, but as highly and positively injurious in this disease. Bichat observes, that "inflammation of the serous tissues renders them sensible and dry, and that the motions of the organs they cover are wonderfully painful." In this disease the whole or the greater portion of the peritoneum—that lining the muscular walls of the abdomen and that covering the various folds of the intestinal tube, and which in fact forms its outer and serous coat—is in a high state of inflammation. That dew-like fluid which is secreted in health, and which enables the intestinal convo-

lutions to glide smoothly and softly over each, (as the synovial fluids do the opposing surfaces of the joints,) and without exciting the least unpleasant friction, is now not formed; its secretion has been arrested; they are dry; the movements of their opposing surfaces upon each other excite pain; this is the cause of much suffering in inflammation of the knee joint when the patient attempts to walk; cathartics put in motion the affected parts; the contraction of the abdominal muscles and of the muscular coat of the bowels which occur during their operation cause the convolutions of the intestines to rub their inflamed surfaces against each other, now deprived of their lubricating fluid, and increase the irritation and inflammation precisely as the motions of the joints under similar circumstances do. The constipated condition of the bowels, which usually exists, is a wise provision of nature, and is eminently calculated to facilitate the resolution of the inflammation, by keeping the inflamed parts at rest. It appears to be an established pathological law, that when the serous covering of an organ is inflamed, the functions of that organ are either suspended or diminished. For instance, when the pleura costalis is inflamed, respiration is carried on almost exclusively by the diaphragm, and the least motion of the ribs is attended with excruciating pain; when the pleura pulmonalis of one lung is inflamed, the function of the lung of that side is greatly abated, and respiration is chiefly performed by the lung of the sound side, &c. This emphatic teaching of the *vis medicatrix naturæ* should not be lightly regarded by the medical man who is charged with the fearful responsibility of treating so dangerous and fatal a disease, but it should warn him—as he values the life of his patient and his own reputation—to avoid the use of purgatives, and instead of using them, to order an opiate enema when necessary to restrain the motions of the bowels and to keep still the inflamed parts.

The following cases will present more fully and in detail the general principles of treatment which I have endeavored to inculcate in this paper.

Case 1.—“Mary Smith, æt. 20; temperate habits, nervous or lymphatic temperament; subject to epileptic attacks; skin of a dusky yellowish hue, hair flaxen, eyes blue; has been unwell for some time; had, on the 8th December, several fits, followed next day by pain in the head; was cupped and took a dose of calomel and jalap, which relieved the head; on Thursday found her laboring under a cold, sore throat and pain in the side; the usual antiphlogistic means were used; venesection, cups, leeches, foot bath and blister; strangury was produced by the blister and relieved by the usual remedies. On the evening of the 11th the patient was found to be laboring under peritonitis; the pain, which had come on a little before, was acute, sharp, lancinating and confined to the left iliac and hypogastric regions; the affected part exquisitely tender, increased by the weight of a hop fermentation; right side little affected; temperature of skin not very much increased, rather relaxed; tongue covered with a thin, milk-like fur; considerable nausea; much thirst; bowels had been opened by an injection during the afternoon; head hot; face flushed; pulse 120, tense and quick; venesection *ad deliquium animi*; 50 leeches to abdo-

men; 10 o'clock—bowels were again opened immediately after the bleeding; pulse very much reduced and rather weak; blister dressed with sulp. morphia 1 gr.; 12 o'clock, much better; pain greatly relieved; slept indifferently well last night; slight sickness of stomach; skin good; pulse 85, somewhat forcible, though compressible; no headach. R sulp. morph. gr. ij. every 3 hours to blistered surface; 4 o'clock—slept nearly all the morning; 6 grs. of sulp. morp. have been applied; entirely free from pain, except when pressure is made; considerable irritability of stomach; pukes whenever a quantity of liquid is swallowed, which she is tempted to do from great thirst; pulse weaker than in the morning; continue pulv. and give a tablespoonful of cold water every  $\frac{1}{4}$  hour to allay thirst and calm irritability of stomach. At 10 o'clock, as the blister had so much dried up, and vomiting continuing, 2 grs. of sulp. morph. were dissolved in 8 ounces of water, and a tablespoonful was given every  $\frac{1}{2}$  hour. R Calomel 8 grs., g. arabic water q. s., made into 4 pills—one given every 3 hours. 13th—Slept well; much better; no pain of abdomen; pulse very good; sickness of stomach continues; bowels not opened since evening of accession. R Aq. calc. and milk aa.  $\bar{3}$  i., m. ft. haust. bib. q. h.; 3 o'clock—vomiting ceased. 14th—Slept well; continues to improve; tongue clammy; pulse good; no sickness; ordered arrow-root and milk. 15th—Some oyster soup. 18th—Convalescent; bowels opened by an injection."

*Case 2.*—"This is one of puerperal peritonitis. Rebecca Willis, aged 21, unmarried, was confined with her first child Monday, December 5th. She had gone her full time—nothing unusual as regards the delivery of the child—pains came on briskly in the morning about 9 o'clock, and expelled the child a few minutes before 2 o'clock, P. M.; but owing to a suspension of the uterine contractions, the placenta was retained two hours and a half, and was brought away by 40 grs. of secal. cornut. The patient appeared to be doing well, with the exception of some slight rigors towards evening—no febrile symptoms—discharge natural. She continued in this state until Wednesday the 8th inst., when, from slight exposure, she was attacked with a chill early in the morning—considerable pain and soreness of the abdomen, skin moist and hot, tongue slightly furred, no sickness of stomach, no headach, pulse rather frequent and soft, bowels not moved since the day previous—lochia excessive—sanguineous—50 leeches were applied to the painful part, followed by fomentations of hops, a common injection and a pill of 5 grs. of calomel, and  $\frac{1}{8}$  of a grain of sulp. morphia ordered every 3 hours. 2 o'clock P. M.—bowels loose, pain increased, very acute, face flushed, much headach, head hot, skin soft and moist, pulse more frequent and compressible, with little fulness, bowels not opened by injection, venesection to o. j. and continue fomentations. 7 o'clock—pain unabated, abdomen exquisitely tender, so much so that the fomentations add to her agony—pain partially left her head and centered in abdomen, through the lower part of which it darts, and is particularly violent in left iliac region—venesection to  $\bar{3}$  viij. when she felt faint in the horizontal posture—hops removed and 100 leeches applied to affected part— $\frac{1}{4}$  gr. sulp. morphia added to

each pill, venesection to  $\frac{3}{4}$  x. in the horizontal position—complete syncope came on which continued several minutes. Two hours afterwards, the pulse not admitting of farther depletion, and skin relaxed, a large blister was applied on the 9th. 9 o'clock—patient slept more during past night, still great pain, tongue much furred, sickness of stomach, pulse less frequent, 120—discharge of lochia less abundant—secretion of milk little affected—blood buffed and cupped—coagulum firm and large— $\frac{1}{2}$  gr. sulp. morphia given per os—pills continued and blister kept on until 12 o'clock, and then dressed with  $\frac{1}{2}$  gr. s. morp., and ordered to be repeated every 3 hours. 3 o'clock—in the same state—pulse 113 and small—venesection  $\frac{3}{4}$  viij. ad del. anim. and pill. 10 o'clock, P. M.—some relief since last bleeding—pain aggravated by paroxysms—has slept  $\frac{1}{4}$  of last hour—pulse 100—more open—affected by narcotism. 12 o'clock—has vomited—complains less of pain—is asleep—discontinue the pills, and dress blister with powder every 4 hours. 9th, 9 o'clock—patient slept  $\frac{1}{2}$  hour last night before 1 o'clock—still complains of pain in the side—nausea and vomiting—tongue covered with a thick, whitish fur, red at edges—no pain in head, skin moist, bowels not open, pulse 130—more open and forcible, much thirst, secretion of milk diminished, lochia disappeared, gums sore, mercurial odor—not so well as at time of last report, but much better than yesterday—venesection  $\frac{3}{4}$  x. to incip. syncope—6 pulv. have been put on blister—continue them, and give effervescent draught every half hour. 10 o'clock—no pain since last bleeding—had a refreshing sleep during evening—countenance much better—pulse 120; blood not so much buffed and cupped—stomach irritable—give cold water alone, as the effervescent draught disagrees. 11th—did not rest well last night—free from pain—tongue broad, whitish and polished—bowels unopened—milk suppressed—very slight discharge of lochia—irritability of the stomach continues—the powders stopped—at 3 o'clock the pain recurred, face flushed, skin moist, pulse 132—more tense and resisting—venesection  $\frac{3}{4}$  xvi. and 2 grs. s. morphia every 2 hours to the blister. 6 o'clock—patient free from pain, pulse 140, weak and unresisting—went to sleep soon afterwards. 12th—slept well last night—took  $\frac{1}{2}$  gr. s. morp. during the night—no pain in abdomen—pulse 116, quick, perhaps from ptyalism and extent of depletion—vomiting ceased—bowels constipated—ordered an injection—very light farinaceous nourishment and opiates. R Sulp. morp. i. aq. font.  $\frac{3}{4}$  viij. m. a tablespoonful every hour. 10 o'clock—slight nausea during evening and faintness—a tablespoonful of wine in panada was given, and spirits of camphor applied to nostrils. 13th—slept tolerably well—improving, pulse same, bowels opened in the night and loose all day, discharges dark colored—no vomiting since early this morning—chicken water allowed. 14th—better, bowels not opened since last night—in the evening complained of a slight degree of pain of abdomen—an anodyne was administered. 15th—doing well. 16th—convalescing, laboring under the effects of ptyalism and depletion.”

## Prophylaxis of Puerperal Peritonitis.

BY JOHN P. METTAUER, M. D., L. L. D.,

*Professor of the Principles and Practice of Medicine and Surgery of the  
Medical Department of Randolph Macon College, Virginia.*

In no disease is prophylaxis of more importance than in puerperal fever, because of the great danger to life after its complete development, the acknowledged difficulty of treating it successfully, and the many fatal instances of its termination. If an attempt at innovation in treating any human disease ever can be justified, after so many years have elapsed with very inconsiderable change, even if it should inculcate views and a treatment at variance with established modes, such a disease is puerperal fever.

In a paper on the prophylaxis of puerperal fever I had the honor to have republished in the April Number of the "Stethoscope," I ventured to present to the profession a plan of preventive treatment that had been successfully employed by me more than 20 years. In that paper I advocated the doctrine of the inflammatory nature of puerperal fever, especially in its commencement; but, like other inflammatory diseases, and even those connected with pure inflammation, the degree of phlogosis is of different degrees of intensity. These views I have entertained from my medical pupilage, and nothing has ever occurred during my whole professional life calculated in the slightest degree to change them; on the contrary, they have been confirmed.

The prophylactic treatment of puerperal fever I now employ was not the result of any preconceived notions of its suitableness to the condition following delivery; but having often found a similar treatment to prevent traumatic inflammation, when employed a few hours after surgical operations and lesions involving the abdominal organs, it struck me that it would be applicable likewise to the early post parturient state as a means of preventing puerperal fever. In my first trial of it I was most agreeably surprised at the result; and although it seemed to have prevented an attack of puerperal fever, I did not by any means regard the trial as conclusive. Another opportunity, however, soon presented itself for a repetition of the treatment, and under circumstances calculated to remove all doubt as to the menacing nature of the symptoms of the case, and their indubitable tendency to end in puerperal peritonitis. In this case the result was also most satisfactory, and left no doubt on my mind of the efficacy as well as the perfect safety of the treatment I had employed in preventing an attack of puerperal fever. From this time it has been invariably resorted to in all cases after delivery, especially when threatening symptoms followed or preceded delivery, and without a solitary failure in 62 cases, many of which were most threatening.

I deny that the state of the organs concerned in gestation and labor after delivery is that of fatigue, demanding for its correction "rest." It is a very different condition, as it is compounded of hy-

peritrophy, congestion, disturbed innervation, absorption, secretion, and exhaustion of the organs concerned in pregnancy and parturition. The wounded and lacerated condition of the uterine surface, from the forcible separation of the placenta and membranes, is virtually a state of traumatic irritation, differing essentially from fatigue. Labor doubtless induces fatigue in the organs concerned in the process; but the anatomical conditions of the organs chiefly involved, both in that process and gestation, are changed so as to induce in them a pathological state that continues for some time after delivery; and it is this condition that constitutes the chief element in the series of causation predisposing to puerperal fever. The uterus, together with the other organs, is left in a condition after delivery not very unlike that following the removal of a large accumulation of water in ascitic dropsy. In this latter affection the peritoneum and the organs invested by it, as well as the soft walls of the abdomen, are anatomically as well as physiologically modified in some degree. Frequently the peritoneum is thickened, and its absorbing and secreting functions, both effusing and nutritive, are changed. In this state of things the sudden withdrawal of the distending fluid from the cavity of the abdomen, by the operation of paracentesis, removes the stimulus of distention as well as the compressing support of the organs, which induces a state of collapse more or less complete in them. In this state there is comparative inaction, diminished or otherwise disturbed secretion, absorption and innervation, superadded to the change of the anatomical condition of the organs implicated in the dropsical affection. Doubtless there is some exhaustion of the organs, from having sustained such undue weight for a length of time as is usual in ascitic dropsy; but it is a mere incidental condition, and not always to be expected. If in this state of things the patient should be left to get well, after being tapped, only from the support of the bandage and "rest," the chances would be decidedly adverse to recovery; and, for fear of increasing the exhaustion of the organs in their fatigued state, or harassing them, purging, the only efficient remedy likely to restore the organs to their proper anatomical and physiological conditions, should be withheld. The condition of the organs concerned in gestation and parturition, however, is more altered as respects their anatomical and physiological relations than in ascites. The uterus and its appendages are greatly thickened as well as expanded and enlarged, and the physiological exercises too are correspondingly modified, and their condition continued for an uncertain period after delivery, which, as long as they remain, subject the organs to inflammation and the woman to child-bed fever of different degrees of intensity. What course of treatment has been found most beneficial in correcting engorged and hypertrophied organs, more especially when implicating the abdominal organs? Has not purging more generally afforded relief in such cases than any other therapeutical agency yet employed by the profession? In my own sphere of observation, and in the treatment of such affections, I have uniformly relied on it both in acute and sub-acute examples, and have found it more constantly successful than any other plan of treatment. And, if the uterus as well as its ap-

pendages are really in a thickened condition before and after delivery, as they certainly are, can we trust to "*rest, rest,*" for its cure, especially when symptoms have marked the close of gestation, and continued after delivery, decidedly pathological? I answer unhesitatingly, we cannot, and do ourselves and our patients justice. During pregnancy we have disease of the uterus and its appendages, as well as of most of the organs contiguous to them. After parturition that state continues, and like many other diseases, demands treatment of different degrees of activity, as the case is violent and intense, or otherwise. It is not once in a hundred instances that puerperal women recover after delivery, without the employment of purgatives during the month; and in a vast number of instances these valuable remedies have been resorted to by non-professional as well as professional persons, at every period after delivery, from one hour to thirty days, without injury to the woman, nay, with great benefit to her; and, if they were more generally employed in the early stage after delivery, recoveries would be more rapid, especially in the cases characterized by decided disturbance of the digestive system, undue abdominal tenderness, a tardy subsidence of the abdomen, &c., and women would be less liable to the many little diseases of the lying-in period. I do not rely, however, upon the quasi argumentation that I have been attempting in this paper, to shew the safety as well as to prove the efficacy of early purging as a means of prophylaxis in puerperal fever, or to repel the insinuation directed against me, of inculcating a rash and dangerous practice (deduced from wrong notions of the essential nature of puerperal fever) in the management of that formidable disease, but upon 62 cases in which I have employed it with undeviating success, and without the semblance of injury in a solitary case. And my 62 cases, although merely referred to, I think will fully offset the two reported by my intelligent young friend, Dr. G. A. Wilson of Richmond, Virginia. I will not dare, as Dr. Wilson seems to do towards me, insinuate that he is incapable of distinguishing disease from fatigue with lying-in women; and, if I cannot always succeed, it is very possible that I may have chanced to hit upon a state of disease in some of my cases; or possibly all of them were of that description, as the 62 yielded to the purging plan, which ought not to have been the result, if fatigue was the prominent condition of the organs, according to the views of Dr. Wilson. I have, indeed, purged 62 females, and some of them pretty freely, after delivery, varying from 3 or 4 hours to 12, without a solitary accident, and invariably with the speedy and perfect recovery of the patients; and if Dr. Wilson's "*rest*" notions are correct, and my purging views wrong, I am at a loss to account for the very striking diversity of results of the same therapeutical means with my 62 fortunate cases and his two unfortunate ones, unless I suppose his cases were examples of an insidious form of puerperal fever that occasionally steals upon the organs constituting the local affection so slowly as to seal the fate of the woman in death almost simultaneously with the manifestation of the first open phenomena of the disease. In the cases of Dr. Wilson, the cathartic commotion and development of puerperal fever occurred

nearly simultaneously; and I think it probable they were such examples of the disease as above referred to. Cases of this description now and then occur with females of strongly marked strumous constitutions, and are not unusually ushered in by symptoms of acute diarrhoea; or, if a cathartic is administered, by hypercatharsis. In Dr. Wilson's cases there must either have been predisposition to puerperal peritonitis, so strongly impressed upon the organs usually implicated in the local affection as to be just verging on the disease at the time the cathartics were in operation, or the disease actually was rapidly but insidiously advancing.

It will be impossible for physicians of experience in the management of abdominal inflammations, to believe that a remedy so important in the treatment of these inflammations—even in puerperal inflammations of those organs—could have induced the attacks of puerperal fever in Dr. Wilson's cases; but they would regard them rather as accidental coincidences. I cannot conceive how cathartics, especially Epsom salts and oil, the cathartics used by Dr. Wilson's patients, could excite puerperal peritonitis, acting chiefly upon the mucous lining of the intestinal canal as they do. Where cathartics are used as therapeutical agents in puerperal fever, one of the objects is to induce revulsion from the serous to the mucous surfaces of the intestines, with the design of counteracting inflammation of the serous tunic, as well as of the peritoneum generally—the usual seat of puerperal inflammation. In a majority of cases the mucous coat is more or less unimpressible to the action of cathartics; and if diarrhoea comes on, it is due rather to chemical reactions taking place in the gastro-enteritic cavity than to mucous irritation as a necessary concomitant of puerperal fever, and the gruelly discharges to be met with are very probably the product of such reactions. It is very certain they are not caused by mucous inflammation of the intestines in the early stage of the disease, when it is to be supposed their serous coat (as well as the peritoneum generally) is the chief seat of inflammation.

If the views I have advanced in relation to the condition of the organs implicated in pregnancy and parturition before and after delivery be correct, (and I believe the profession generally will concede that they are,) I think I have fully responded to the interrogatory of Dr. Wilson, "Why should a patient be subjected to the perturbing influence of agents, the measure of whose effects we have no means of estimating?" And I think I have in a degree disproved the safety of the doctrine intimated through his second interrogatory, that is, "Would it not be safer to inculcate the opposite doctrine," not to purge, "if any general rule *must* be laid down," but to "enjoin perfect quietude of mind and rest to the bodily functions—*rest, rest*, the restorer of enfeebled and debilitated organs?" In reply to the 3d and 4th interrogatories of Dr. Wilson, that is, "What good can result from throwing the whole abdominal viscera of a patient on the verge of peritoneal inflammation into violent commotion?"—and "Who would prescribe active exercise for a knee-joint in danger of inflammation?" I will remark in the first place, that the idea that a cathartic throws the whole abdominal viscera into violent commotion

is entirely gratuitous and unfounded, unless agents are employed of violently irritating and drastic qualities, which no practitioner of judgment and prudence would be likely to do in puerperal cases; but the reverse is the case in many diseases of these organs, as it tranquilizes and composes them when they are already disquieted. Would any judicious practitioner be unwilling to purge patients laboring under the abdominal disturbances consequent on colic, after the spasms have subsided, for fear of harassing them in their fatigued condition, and thereby endangering them from inflammation? Would Dr. Wilson himself withhold purging under such circumstances, for fear of superinducing inflammation in those organs? And yet he would inculcate the paradoxical doctrine, not to purge after delivery, for fear of perturbing the fatigued organs concerned in pregnancy and labor, while he would advise an immediate resort to it after the subsidence of the spasm and pain of colic, to prevent inflammation in the intestines, and in conditions of the organs in both cases very nearly identical. I would remark also, in response to this interrogatory, that I have conclusively shewn by my 62 cases, that the idea that purging harasses the organs concerned in pregnancy and labor after delivery is entirely gratuitous and unsupported, as in not one of them did the patient complain of the slightest harass or ill effect from the purging plan: and I think the 62 cases also furnish very strong presumptive evidence of the beneficial effects of purging in the prophylaxis of puerperal fever, not however by "throwing the whole abdominal viscera of a patient on the verge of peritoneal inflammation into violent commotion," but by restoring to the organs concerned in pregnancy and parturition their normal physiological actions. Certainly no one in his senses would "prescribe active exercise for a knee-joint in danger of inflammation," because experience has abundantly shewn that it is improper, while that excellent *teacher* has also demonstrated, in numerous instances, that the peristaltic action of the intestines can be safely and beneficially excited by cathartics in the treatment of enteritis. Besides, the intestines are not always involved to any great extent in puerperal inflammation, but the disease is confined to the uterus and its appendages, the parietic peritoneum, bladder, &c. And in the inflammations of these organs cathartics are our best remedies after venesection, both as prophylactic and curative measures; and these organs purging could hardly exert a perturbing influence; and if Dr. Wilson's views are correct, perhaps the 62 cases were of this description, as the treatment did not harass the patients nor induce puerperal fever, as seemed to be the result of purging in his cases.

I agree in the sentiment, that "error and mischief are liable to result from efforts at too great a generalization in practical medicine." In my paper on the prophylaxis of puerperal fever, I have candidly stated my views in relation to my plan of prophylaxis in that formidable disease; and I have based my commendation of it upon 62 cases. In Dr. Wilson's paper there is an implication of an attempt on my part at "too great a generalization" in relation to the prophylaxis of puerperal fever; but it is more applicable to its author than

myself, as he formed his notions of "*rest, rest,*" as a means of prophylaxis upon only two cases, while my purging predilections are deduced from and based on 62 successfully treated. Dr. Wilson concedes that the organs concerned in gestation and delivery, after parturition, are on the verge of inflammation; and if so, their condition must be something more than a state of exhaustion and debility; consequently its correction will demand something more than "*rest,*" or a state decidedly pathological would certainly follow. But I have already shewn that a condition essentially pathological—as much so as any other tumefaction—pre-exists, co-exists and succeeds delivery; and if there is exhaustion also, which I am willing to concede, the condition cannot possibly be one of pure debility or exhaustion, the only states of the organs likely to be corrected by "*rest, rest.*" The febrile reaction invariably supervening upon delivery in 8 or 10 hours, or a little later, clearly proves to my mind that a pathological state either co-exists or speedily follows delivery. The same thing follows surgical operations in greater or less degrees of intensity; and all will admit that a state decidedly pathological succeeds their execution.

In conclusion I will remark, that my aim in this notice of Dr. Wilson's paper, has been to caution the more inexperienced of the profession against the dangerous tendency of his "*rest*" notions, in their attempts to ward off an attack of so formidable a disease as puerperal fever. If my remarks seem to savor of unkindness towards him, I here declare that I have entertained no such feelings. My object is truth, and the subjects examined in this paper have been canvassed in reference to that end. Had Dr. Wilson been a less prominent member of our profession, I doubt very much if I should have noticed his criticism publicly; and the great, nay, vital importance of the topics at issue between us will, I trust, atone for the apparent needless length to which this notice has been extended.

*Prince Edward C. H., Va., Sept. 4, 1851.*

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**Observations on the Fibrine of the Blood, in Reply to those published by Drs. Scott and Haskins, in the August Number of the Stethoscope, on the same subject.**

BY WILLIAM D. MERIWETHER, M. D.

MR. EDITOR—Do me the favor to insert a short reply to the remarks of Drs. Scott and Haskins, published in the August No. of the "*Stethoscope.*"

It is not my intention to notice all the topics touched upon by Drs. Scott and Haskins, my object being only to correct certain statements made by them in relation to the pathology of the blood, in the debate on that subject before the Medical society. In doing so, I shall take it for granted that the authorities relied upon by themselves are sufficient.

Dr. Scott thinks that I might have avoided a great deal of unnecessary trouble, in discussing the opinions advanced by himself and

others on the state of the blood in fevers, had I chosen first to inform myself of the points actually raised and advocated in the debate upon that subject; or in other words, that as I have stated the question erroneously, my argument does not apply. This, however, is simply a matter of opinion, and I must still insist upon the correctness of the position I assumed, viz: that nearly the whole argument against the use of antiphlogistic remedies in fevers was founded upon the idea of a constant deficiency of the fibrine of the blood. I agree with the doctor, that it is unnecessary to repeat other reasons which were given; they were few, and but little was said concerning them; as he observes very truly, "for myself, I relied upon the principle so emphatically laid down by Andral," in his work upon the blood.

I will state briefly my recollection of the circumstances which induced me to call the attention of the society, in my first paper, to a subject which had been so recently discussed. In the course of the debates upon the typhoid and eruptive fevers, several members who have enjoyed a large experience in our profession, gave us the benefit of their views in relation to the treatment of these diseases; among other remedies, they recommended the occasional use of mercury and blood letting.

It was contended on the other side by Drs. Scott and Haskins, that the antiphlogistic treatment was entirely contra-indicated by the state of the blood, certain discoveries in pathology shewing that it was *always* deficient in fibrine; hence they concluded that there could be no inflammation, nor any necessity for a resort to active measures.

The great error at the foundation of their whole argument was the supposition that the fibrine is *always* deficient in fevers. It will be recollected by every one who was present at the debate to which I refer, that Dr. Haskins made a statement to that effect, and appealed to Dr. Scott, who confirmed his opinion. It was upon the strength of this assumption that Dr. H. denied even the existence of inflammatory complications. It is true that Dr. Scott, in a paper read at the same time, hinted at the possibility of such accidents. He says cases might be cited, complicated with "*something* else," demanding the use of the lancet, &c., but he will not allow that such cases are "genuine," nor I suppose that the "*something* else" is an inflammation, for that would be to yield the question at once. They omitted also the distinction between the simple, purgative action of calomel, and its alterative or constitutional effects. Its use in the treatment of fevers was denounced indiscriminately.

The theory then may be stated as follows: An excess of fibrine in the blood always indicates inflammation—in fevers there is *always* a deficiency of fibrine—therefore, there is no inflammation in fevers, and no necessity for mercury or blood letting.

Now, Andral and all the authorities I have been able to obtain agree on this point, and I presume it will no longer be disputed that an excess of fibrine in the blood of fever patients is by no means uncommon, and that it is coincident with inflammatory complications.

Had Drs. Scott and Haskins, therefore, taken the trouble to inform themselves more correctly, they would not have pushed their theories

so far as to deny entirely the occurrence of inflammation and the value of antiphlogistic treatment in fevers.

Dr. Scott says, "No such ground was taken, that we should be guided wholly and solely, in the treatment of all diseases where this excess of fibrine exists, by this sign alone;" but from the following sentence—unless I mistake the context—he seems to think it reasonable: After explaining that in anemia there may be a buffy coat from relative excess of fibrine, he says, "Bearing this in mind, there is little danger of being led into errors of treatment, even if we relied solely and wholly upon our guide." But I did not attribute such an opinion to the doctor; he attempted to establish a general rule, excluding a large and important class of remedies from the treatment of all diseases in which there is a deficiency of fibrine, and it seemed to me perfectly fair in order to prove the unsoundness of his position, to make the rule work both ways—to apply the same rule to inflammation in which there is excess of fibrine, that he applied to fevers, in which he supposed a constant deficiency.

The doctor says, "Having fallen into the error of supposing the buffy coat to be always indicative of an increase of fibrine, it was natural that in another part of this article, when treating of rheumatism and the effect of copious and repeated bleeding, he should fall into another error of supposing that copious and repeated bleeding would not diminish the quantity of fibrine as the buffy coat still presented itself." The doctor has detected a slight error in my paper, and makes it the subject of a large portion of his remarks. In quoting a passage from Andral, I omitted an exception which he makes (and it is the only one) that the buffy coat always indicates a state of inflammation, and of course an excess of fibrine, being itself nothing but the fibrine in an unusual quantity. The passage is as follows: "Except the cases in which its presence (the buffy coat) is connected with a state of anemia, this product indicates constantly a state of inflammation." But even this exception is only partial. Andral found, in sixteen cases of mild anemia, 3 as the average of fibrine, but in twenty-four confirmed cases, an average of 3.3, which we see is above the healthy standard, 3. Becquerel and Rodier, whose average in health is 2.2, report six cases—average 3.4—maximum 5. I think, then, that I have but little reason to modify the expression alluded to by Dr. Scott. As to the "error of supposing that copious and repeated bleeding would not diminish the quantity of fibrine," it will only be necessary to refer again to the doctor's favorite author, Andral, to prove that the "error" is not on my part. "It is found, that however copious and frequent the bleedings, the fibrine always continues to increase if these bleedings are practised during the first stages of an inflammation," &c. Andral says again, treating of hæmorrhages, "Every hæmorrhage diminishes surely the quantity of globules, whilst it must be greatly prolonged or very abundant to cause an appreciable diminution of the fibrine."

In another part of his article the doctor says, "that the fibrine is diminished by bleeding is probable, from the fact that we witness constantly a diminution and disappearance of the buffy coat following blood letting."

If the statement were correct, it would not be *probable*—it would be *certain*—that the fibrine was diminished in quantity. If he means that a diminution of the buffy coat takes place after each bleeding, during the increase of an inflammation, he is certainly wrong. According to the authority above quoted, and if this “disappearance” occurs on the decline of the disease, how is it reconcilable with his own words, “we have, after copious depletion, a buffy coat,” from relative excess of fibrine, an anemic condition? Besides, inflammations are not always so tractable; a patient may be bled in rheumatism again and again, until he is really anemic, as Dr. Scott describes, yet the inflammation may continue with unabated intensity, and the buffy coat will constantly be present, due both to the inflammation and to the anemic condition. In such a case, how could one discover from the appearance of the blood that the patient was anemic and that his powers were exhausted, and how could he avoid errors of treatment, if he relied wholly and solely upon this guide?

Unfortunately, the error has occurred too often to admit of doubt that it may again take place.

The doctor next attempts to prove this asserted effect of blood letting from the mode of production of the fibrine; the albumen and other elements which furnish it being diminished in quantity, he thinks it reasonable to infer that the fibrine is diminished also; but it is not so—the new production of fibrine occurring in inflammation is independent of the general poverty of the blood and of any condition of the system; for in animals starved to death there is always found an increase of fibrine in the blood, which is accounted for by the inflammatory changes in the mucous membrane of the stomach. Andral and Govarret state, that “in typhus, as soon as symptoms of convalescence appear the fibrine begins to increase, before the organism could contribute a supply by increased nutriment.” Becquerel and Rodier conclude, from numerous experiments, that “the fibrine is quite uninfluenced by venesection—its amount is determined by the nature and intensity of the disease.”

These facts prove conclusively, “that when once the blood begins to produce an excess of fibrine, it requires a certain time to wear out this disposition, whatever may be done to prevent it.”—(Andral.)

The doctor is mistaken in supposing that I have denied the efficacy of mercury in subduing inflammation—I only objected to his theory of its *modus operandi*.

Dr. Haskins thinks it best, “in the absence of a sufficient number of experiments,” to determine the effect of venesection on the fibrine of the blood by “inductive reasoning,” and gives us a long theory to prove that its quantity must be diminished. This is a novel method of applying the inductive philosophy, and I think far inferior to the old Baconian system, of first collecting the facts and then making the deductions. If the doctor had followed this plan, he would have been spared the trouble of constructing the theory that he has offered.

Dr. H.’s paper contains some curious objections to the inferences which I drew from the analyses of Andral: “It should be recollected

that each one of the specimens which had been the subject of examination, had been obtained from persons suffering from inflammatory disease," &c. It was necessary that the blood of healthy persons should be examined, but "he did not know of any one who had been such an enthusiastic votary of science as to submit to the repeated operation of venesection in health, with a view of determining this point." Now, a superficial examination of any treatise or report on the subject, will satisfy any one that it has been thoroughly investigated, and may be considered as settled. Besides the numerous disorders, independent of inflammation, for which it is necessary to abstract blood, nature presents us, in spontaneous hæmorrhage, with an opportunity of witnessing the effect of its loss in large quantities. We have also numerous experiments on the lower animals, detailed by Andral and others. I have given sufficient evidence on this subject, when speaking of Dr. Scott's paper, to prove that venesection has not the power of diminishing the proportion of fibrine in the blood; but as the doctor has referred us especially to the work of Polli, it may not be amiss to quote his opinion: "Abstraction of blood does not diminish the proportion of fibrine remaining in the economy; it may even increase it at the expense of the globules dissolved by the new serosity, or those which are obtained from the substance of the muscles."—(Lancet 1849.)

### **Pertussis---its Treatment, based on a Conjectural Pathology.**

BY R. L. MADISON, M. D., PETERSBURG, VA.

The wide-spread prevalence of this distressing disease—the rapidity with which it propagates itself—the formidable sequelæ by which it is followed—and, above all, the fearful manner in which it decimates the ranks of childhood, gives to it a pre-eminence in the scale of diseases, equaled scarcely by any other, and causes it to be viewed by the physician with an apprehension which he only can appreciate.

Notwithstanding the great antiquity of whooping cough—notwithstanding the careful attention which it has received at the hands of ancient and modern investigators—and in spite of the revelations of the microscope, almost the same obscurity now rests upon its pathology as in the days of De Thou, Sauvages, or Conario!

That the "pathology of pertussis" consisted in a bronchitis exaggerated by epidemic influence, was for a long period a part of the professional creed—again it was supposed to be superinduced by pneumonic inflammation—by some it was considered to be an irritation of the *peripheral* extremity of the pneumogastric nerve—while others believed that the cough was essentially spasmodic in its character, and that the irritation inducing it was located in the brain!

Now with all due respect, to the high authorities who have promulgated the above-mentioned theories, it appears to me that they have invariably mistaken *effects* for causes, and *signs* for symptoms of dis-

ease. The simple fact that bronchitis occurs so frequently in children, without being accompanied by any of the phenomena of hooping cough, proves conclusively that the disease does not consist in this, and that we must push our investigations further before we can arrive at correct conclusions. If inflammation either of the lungs or of the brain could originate hooping cough, certainly pneumonia or cerebritis would constantly attend it; whereas they are known to be merely accidental lesions, or rather complications following, and evidently caused by, the violence of the cough.

Whoever has seen a child attacked by a paroxysm of hooping cough, and has witnessed its painful struggles—the convulsive and suffocative cough—the laryngismal spasm, and the sudden determination of blood to the brain—must be surprised that congestion and inflammation of the lungs, bronchi, larynx and brain do not more frequently occur!

It was conjectured by the late Dr. Sey of England, that an enlargement of the cervical glands by a “specific animal poison,” similar to that of the parotids in mumps, constituted the essence of hooping cough, by causing from their enlargement an irritation of the pneumogastric and recurrent nerves. But here also the *effect* seems mistaken for the cause; for swelling of these glands often occurs as the result of pulmonary and bronchitic irritations, and when present in hooping cough, they make their appearance *not* at the commencement but at the height or towards the termination of the disease!

Now, a careful investigation of a good many cases, which have recently presented themselves to my observation, induces me to believe that the cough is essentially *nervous* in its character, developed by a specific irritation of the *spinal cord* extending from the origin of the *eighth* pair down to that of the *phrenic* nerve. This conclusion is arrived at by a species of negative induction. If the cough were dependent upon pneumonic inflammation, we should have all the physical signs of pneumonia constantly developed. If it originated in a bronchitic irritation, we should have hooping cough with every attack of bronchitis. If irritation of the *peripheral* extremity of the pneumogastric nerve were its cause, that in itself would be sufficient to produce pneumonia in every case! Inasmuch therefore as these causes seem evidently inadequate to develop the characteristic phenomena of hooping cough, and since these phenomena are clearly of a nervous character, and the parts involved in the disease are only those to which the eighth pair and phrenic nerves are distributed, I am forced to believe that the source of irritation—the cause of the disease—is to be found in the spinal cord at the roots of these nerves.

Acting in accordance with this belief, I have adopted a method of treatment remarkably simple and eminently successful. It consists in the application of a *blister to the nucha*, which, upon the principle of counter-irritation, speedily and permanently relieves all the distressing symptoms of the cough. In a large majority of cases a single application of the blister will suffice for an instantaneous cure. Those which resist the first application yield to a second, aided by the internal administration of quinine, or of iron combined with quinine in the

form of the citrate. I would not recommend the use of the blister in case of infants of a very tender age; but pustulation by means of the unguentum antimonii or the ol. tigli will accomplish the desired object.

Now, whether these brief views in regard to the "pathology of pertussis," be correct or not—whether they be condemned as theoretical, and the treatment as empirical—certainly the success which has attended my efforts, justifies me in warmly recommending it to the attentive consideration of my professional brethren.

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### A Case of Priapism.

BY DRs. BROOCKS AND BOSWELL, OF MILTON, N. C.

June 24th, 1851, at 11 o'clock P. M., we were called to see T. M., a youth about 15 years of age. On reaching his place of abode, we found him couched on the floor, with his head resting on his mother's knee, his body bent forwards, and his legs drawn up, a position not very unlike that of a female laboring under a severe attack of puerperal peritonitis, and apparently asleep. After some general enquiries respecting his attack, &c., we awoke the young man from his pretended slumber; and after propounding several questions, we learned that he had been complaining for some four or five days of severe pain in the perineal region, on motion; partial retention of urine, and extreme rigidity of the penis. The question now naturally arose, What can be the cause of these phenomena? A minute examination of the parts, and a careful consideration of all the disorders with which they are liable to be affected, led us to the conclusion that the cause was not a local one. We next considered our patient's general health—he was pale and anemic—his appetite was bad, and had been so for months past—his digestion was imperfect—his bowels were very irregular—his tongue was pale, tremulous, and coated with a white fur—his eyes were sunken and inanimate—pulse about 75, quick, weak and irregular—skin a little below the usual temperature—in a word, judging from surrounding circumstances, he had long been deprived of those articles of diet so essential to the building up and preservation of health. Basing our reasons upon these latter observations, we diagnosticated his complaint a case of bad general health, marked with that rare feature of disease (priapism) so seldom met with in one's professional career.

**TREATMENT.**—Before administering any medicinal agent, we prepared him a bed that would keep him in that doubled up posture, (before alluded to,) which he preferred on account of its giving him more ease than any other. We then, with the help of an assistant, lifted him from the floor to his bed, though not without giving him severe pain, manifested by expressions of countenance and loud shrieks. After he became somewhat composed, we directed him to take the following: R̄ Tinct. opii. gtt. 20—ant. et pot. tartat. gr.  $\frac{1}{16}$  every two hours. Cold applications to the parts. Rhei pulv. grs. 15

on the following morning—entire rest, &c. We left our patient with directions as above, for the remainder of the night, and saw him on the next (day 25th) at 10 o'clock, A. M., at which time there was no perceptible alteration in his complaint. He rested tolerably well after we left him the first time, evacuated half teacupful of urine early next morning—bowels moved also—stool clay colored, and contained some portions of undigested food that he had taken the day before—skin cool—pulse about the same as when we saw him first. He complained of a dull pain in the thighs and perineal region.  $\mathcal{R}$  Hydrargyri chloridium mite. grs. 8, gum camphor grs. 16, opium grs. 2, made into 8 pills, one every three hours. With the above prescription we left our patient, and saw him on the 27th, at 10 o'clock, A. M., with some alteration—rigidity not so tense—we left him, with directions to continue the last prescription, and in addition to use the hip bath. On the 28th we found him much better—rigidity almost entirely gone—no pain, and no tension of the pirineum. On the 29th we dismissed him, cured of his local complaint, with directions to use an appropriate diet and chalybeate tonics for the improvement of his general health.

We report the above case, not for its individual interest as one of severity, or from any peculiarity in its course, mode of treatment or termination—nor do we wish to be understood as calling the attention of the members of the profession to it as a complaint which they are often called upon to treat—but rather from its rare and novel occurrence do we note it. To the young practitioner we would say that it will prove a stumbling block in his way whenever met with, from the fact of there having been so little said about it in books. We know of but two cases on record. One by Jno. W. Tripe, Esq. in the Bulletin of Medical Science, vol. iii. for 1845, page 302. The second was published by Calloway, in the Medical Repository for April 1824.

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### **Remarkable Case of Recovery from Fractured Skull and Loss of Brain.**

BY J. SNYDER, M. D., ROMNEY, HAMPSHIRE COUNTY, VA.

On the 15th of April 1851, a son of Col. Vaus Fox, about 8 years old, was run over by a horse and thrown violently upon a rock jutting out of the ground, which fractured the skull very extensively. About two hours after the occurrence of the accident I was called to the case, and upon examination found the injury to be at the middle portion of the temporal arch, between the parietal protuberance and frontal suture, implicating a portion of the frontal bone. A portion of the parietal bone, precisely one inch and a half in length, and of an elongated triangular form, was forced endwise into the middle lobe of the brain, penetrating its investing membranes and entering its substance. Parts of the parietal frontal and temporal bones were fractured into 5 or 6 pieces, making a comminuted, depressed space of four inches,

which presented a perfectly concave appearance, with a wound in the centre of the depression about one inch in length. With the assistance of my friend, Dr. Pratt, after removing the hair, the wound was enlarged to the extent of one inch and three-quarters, to facilitate the extraction of a portion of the parietal bone completely hidden in the cerebral mass. After the wound was enlarged, I extracted the piece of bone with forceps, and removed about a dessertspoonful of the middle lobe of the brain, which followed its extraction and forced itself out of the wound. This done, the little fellow seemed to arouse up and regain his sensation—so much so as to make a considerable struggle and effort to rise, but was forced to remain quiet by assistants. The struggle caused a second protrusion of the brain, which being detached from the cerebral mass, as we supposed, was cut away with surgeon's scissors. I then proceeded to raise with an elevator the depressed pieces of bone to their normal position, which was accomplished with considerable difficulty, being compelled to use a good deal of force. It was, however, accomplished satisfactorily, and the wound dressed with emp. adhæsiv. and a light compress, leaving a small space between the strips to permit the blood, &c. to escape. During the operation the little fellow was perfectly comatose, except for a moment immediately after the extraction of the bone. He was now placed in a well ventilated and quiet apartment, closely watched, and under the constant surveillance of a doating mother. Although a very tractable and obedient child, yet it was necessary for those around him to watch him closely, as his position was frequently and abruptly changed from side to side with quick and sudden tossings, which made it necessary for his attendants to stand by to retain him in bed and to adjust the cover. He frequently placed his hands on the wounded part, but complained of very little pain. He was very closely watched during the night and next day by Dr. P. and myself; and on the following night, about thirty hours after the operation, reaction took place, which required, for the protection of the brain, three copious bleedings, about an hour apart. This free abstraction of blood had the desired effect of reducing arterial action and quieting the whole system.

On the following day it was thought best to excite the bowels to action, which was done by enemas, and subsequently, by giving quarter minim doses of ol. c. tigii mixed with bread crumbs, repeated every two hours until some effect was manifested. After this an occasional pill of the same was given, which, by one or two repetitions, always acted pleasantly. No further evidences of excitement manifested themselves during the progress of the case. The head was cleansed and dressed twice a day for a few days, and subsequently but once a day, and recovery was unexpectedly rapid, being three weeks before he was able to walk in his room, requiring no change of treatment; and the little fellow is now (August 10th) in robust health and fine spirits. As is usual in this character of injury, I feared the occurrence of fungus cerebri, but these unpleasant consequences have not shewn themselves, and it is not probable that anything of the kind will arise, as it is now four months since the accident; and I feel con-

fidest his intellectual faculties have not sustained the slightest degree of injury. On the 16th of August, four months after the accident, he had an attack of scarlatina simplex, which passed off without an unpleasant symptom, and without any medical treatment other than a tepid bath and confinement to his room.

What is most remarkable in the above case is, that an injury so extensive, involving so much of the skull and a loss of so much of the cerebral mass, should recover so soon, and with so little medical assistance.

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### A Case of Hæmaturia.

BY J. R. E., OF LOVINGSTON, VA.

Mrs. B——, æt. about 35, of good constitution, and rather robust than otherwise—pregnant with her sixth child, and within about two weeks of full term, was attacked with hæmaturia. I saw her on the 14th day of May last, a few days after the appearance of the first symptoms, and found her with a natural pulse, soft and regular, skin cool and moist, appetite good, with slight pain in the region of the kidneys, which was only felt when pressure was made. The urine was the color of pure blood, and discharged in large quantities.

There was no pain in passing it, except when it was allowed to accumulate in the bladder for a length of time, when it would be discharged in lumps.

PRESCRIPTION.—Croton Tiglium to be rubbed on over the region of the kidneys, and injections of cold water to be thrown into the rectum; if the cold water was not sufficient to move the bowels, warm soap and water were to be substituted. In about two weeks she was delivered of a fine healthy boy, but the hæmorrhage continued about the same, being intimately and thoroughly mixed with the urine, shewing conclusively that it came from the kidneys or ureters. She had never suffered with anything like a calcareous affection.

This bloody discharge continued unmitigated for a week after delivery, when it suddenly yielded to the tinc. ferri. chlorid. given in the dose of x gtts. ter die with xx grs. pulv. catechu. She had a good getting up, and now enjoys good health.

*Lovington, Va., Aug. 1851.*

### An Example of Ancient Superstition.

ACCOMACK C. H., VA., Aug. 13, 1851.

*To the Editor of the Stethoscope.*

DEAR SIR—I send you for publication the following curious scrap of antiquity, which I met with some months ago, while searching the ancient records of this county. It has seemed to me to deserve a place in a medical journal, as a very apt illustration of a medical superstition, among the most remarkable of those with which the history of our science abounds.

Those who have paid attention to the history of medico-legal science are aware, that in former times and for a long period, it was a belief universally entertained, that the wounds of a murdered man would bleed afresh, hours and days after death, on the body being touched by the murderer; or that some other change, not less wonderful, would occur in the condition of the corpse. This superstition being received as an undoubted truth, it was very naturally turned to account in judicial investigations, for the purpose of detecting the guilty and acquitting the innocent. Dr. Dunglison, in his work on Physiology, refers (in the chapter on Sympathy, &c.) to several instances in which this kind of ordeal was resorted to; and others may be found in Beck's Medical Jurisprudence, in the chapter on Persons Found Dead. Sir Walter Scott, who has made one of the leading incidents of "St. Valentine's Day" turn on the practical application of this test, in a case of murder where the other evidence was defective, denominates it the "*bier-ordeal*," or the "*trial by bier-right*;" and speaks of it as having been "often granted in the days of our Sovereign's ancestors, approved of by bulls and decretals, and administered by the great Emperor Charlemagne in France, by King Arthur in Britain, and by Gregory the Great, and the mighty Achaius, in this our land of Scotland."

The confidence in the proof thus elicited seems to have been great, inasmuch as it was regarded to be "the pleasure of Heaven, by some hidden agency which we cannot comprehend, to leave open this mode of discovering the wickedness of him who has defaced the image of his Creator." This trial by "*bier-right*," in truth, originated in the same notions of supernatural agency and direct divine interposition which gave birth to the ordeals of fire, of water, and of battle. They were all regarded in the light of appeals to Heaven for the discovery of truth.

The facts of the case, of which the old records of our county court furnish the history, are briefly these: On or about the 12th of January 1680, one "Mary, the daughter of Sarah, wife of Paul Carter," gave birth to an illegitimate child, which was born alive, but died soon after its birth. It was buried the next day by Paul Carter and his wife in an old house, where it remained until the end of February, when it was removed to the garden. The parties above named, who were the only persons present at the birth and burial of the child, tes-

tified that they endeavored to preserve its life, that it received no violence, and that it was decently buried. But suspicions of foul play having arisen, a *jury of twelve matrons* was summoned, according to the custom of those times, to investigate the case. They acted, it seems, in the capacity of a coroner's jury, and their verdict, as copied *verbatim et literatim* from the record, is as follows :

"Wee y<sup>e</sup> subscrib<sup>rs</sup> being sworne to vew y<sup>e</sup> body of a dead bastard child confest by Mary y<sup>e</sup> daughter of Sarah Carter to be borne of her body w<sup>ch</sup> said child we caused to be taken out of the ground in the garden where it was very shallow put in then we caused Sarah the wife of Paul Carter & mother of the said Mary to touch handle & stroake y<sup>e</sup> childe in w<sup>ch</sup> time we saw no alteration in the body of y<sup>e</sup> childe Afterwards we called for Paul Carter to touch y<sup>e</sup> s<sup>d</sup> child & immediately whist he was stroaking y<sup>e</sup> childe the black & setled places above the body of the childe grew fresh & red so that blud was redy to come through y<sup>e</sup> skin of the childe we also observed the countenance of the said Paule Carter to alter into very much paleness, the childe also appearing to us to be very much neglected in severall respects as to y<sup>e</sup> preservacon of such an Infant, & we doe conclude if y<sup>e</sup> child had violence it was by y<sup>e</sup> throat w<sup>ch</sup> was very black and continued so though other places w<sup>ch</sup> were black altered to red & fresh collered to w<sup>ch</sup> we subscribe our hands this first day of March 167<sup>9</sup>/<sub>8</sub>6."

[Here follow the signatures of Mary Hill, Margaret Jenkins, Matilda West, and nine other women, and that of "Wm. Custis, coroner."]

In view of the preceding verdict, and the other evidence in the case, the grand jury presented Paul Carter, who was supposed to be the father of the child, for wilful murder, and he was committed to appear for trial before the governor and council at the next general court. As for Sarah, his wife, notwithstanding her having passed so successfully through the ordeal of the touch, some very suspicious circumstances in the other evidence led to a similar presentment against her. The final result of the case, and the degree of importance attached by the general court to the facts stated in the verdict of the jury of matrons, I have no means of learning, as there is no reference to the trial in the records of this county.

Considering the length of time the child had been buried, and the season of the year, the foregoing is one of the most singular examples of this superstition that I have met with. Somewhat analogous to it is the case quoted by Beck from Hargrave's State Trials, in which the body was disinterred thirty days after death, and on being touched by one of the accused, "the brow of the dead, which was before of a livid and carrion color,"—"turned to a lively and fresh color," &c. But much more marvellous phenomena were sworn to have been observed in this case, viz: the sweating of the brow, the opening and shutting of the eye, the repeated motion of the finger, and the dropping of blood from it.

At the present day, it seems at first view inconceivable that super-

stition should ever have obtained such a complete mastery over the popular mind, that persons apparently of good faith were ready on frequent occasions to bear testimony to such facts, and others as ready to believe them. In our own case, above cited, we have the concurrent testimony of twelve persons under oath. Yet this strange superstition, like many others which have long been received and acted on by the ignorant, has an unquestionable foundation in truth. The history of the cadaveric changes wrought by putrefaction furnishes the key to it. It is well known that the blood, though it generally coagulates in the vessels soon after death, is rendered fluid again by putrefaction, in which condition it may be caused to flow from wounded blood vessels, by any motion or change of position. It is also known that the blood, thus rendered fluid, may escape from incisions spontaneously, in consequence of the development of gas by putrefaction in the heart and large blood vessels. Devergie, in his description of the phenomena of this "gazeous putrefaction," (*Med. Légale*, vol. i., p. 166,) remarks that thereby "the heart is emptied of blood, as well as the large blood vessels. The decomposed blood is driven into all the superficial veins and the general capillary system; hence the veins of the surface become distinct like bluish lines, visible externally, as if those vessels had been injected; hence too, that reddish coloration of all the white tissues, as the cellular tissue, the parietes of the trachea and alimentary canal, of which the external aspect may then simulate the appearance of inflammation." In this passage Devergie gives a very satisfactory explanation of the phenomena observed in the case of the child above mentioned, after its body had been exposed to the air for a certain period.

It is very easy to conceive that in any particular case one or more of these cadaveric phenomena might coincide with the presence or the touch of an individual whom other circumstances might prove to be the murderer; and in an age when the general tendency of the popular mind was towards a superstitious belief in the marvelous, as affording evidence of divine interposition, it would require but few such coincidences to establish a general law, and furnish sufficient ground for constituting an ordeal for deciding upon the guilt or innocence of persons accused of murder. Such is, no doubt, the true history of the origin of this "trial by bier-right."

Craving your pardon for the length to which I have allowed this communication to run,

I am, very respectfully, &c.,

L. S. JOYNES.

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 EDITORIAL AND MISCELLANEOUS.
 

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In our last issue we suggested the necessity of a general state medical convention, for the purpose of organizing the profession under the charter of the Medical society of Virginia. This suggestion has been well received, as our private letters and intercourse with our brethren shew; but some little difference of opinion is manifested as to the most proper time for the assembly. This question we hope will soon be settled; and in the absence of better reasons, we are in favor of the 1st of May next, because the national meeting here during the second week in May will attract a large number, and it will ensure a fuller convention than could be convened at any other time.

Among others on the same subject we have received the subjoined letter from Dr. Patton of Greenbrier; and lest others should fall into the same misconceptions which Dr. P. seems to entertain, we deem it proper to make a few observations on the subject. Dr. P. justly says, that it is preposterous for a local society, at its monthly meetings, to legislate for the whole profession of the state; and one would think that he imputes a spirit of dictation to the members of the "Richmond society," as he terms the Medical society of Virginia as it now exists. This would be very unjust, as by reference to the action of that body at its April meeting and the proceedings published in this number, it will be seen that the members are doing all they can to induce the physicians of Virginia at large to take the valuable charter which it now holds. As will be seen by the present constitution, (see No. 2 *Stethoscope*,) some preliminary legislation is necessary to organize the body as a *State* society in reality. This legislation is being gone through with as rapidly as possible, and by the time the convention meets there will be no obstacle to prevent a perfect organization, under charter, at once. All great works must have a commencement and a commencer; and in this case we cannot conceive who could take the initiatory steps with more propriety than a body already organized, and consisting of hundreds of members in every quarter of the state.

"LEWISBURG, VA., 8th Sept. 1851.

"DR. SIR—In the Sept. No. of the '*Stethoscope*,' under the editorial head, I see it is proposed to call 'a general convention of the state' for the purpose of 'entering on the roll all the practitioners of respectable standing, and securing a central and effectual organization of the Medical society of Virginia.'

"I am glad to see a proposition of this kind. It is the only method of enlisting the whole profession, and of calling forth its united strength for the accomplishment of the grand objects contemplated by the society. Less than the concentrated effort of the state will fail to work out the reforms we desire, and fail to secure the elevation of standard at which we aim. That any plan which may be adopted will fall short of embracing every practitioner, and of securing his hearty co-operation, is apparent from the fact, that some are too old and too well stricken in the ways they have been accustomed to go, to yield assent to any measure that may prove an innovation upon established habits—and others are too shrewd and too selfish to subscribe to terms which may exclude them from privileges and profits to which they were never entitled.

"Nevertheless, a large proportion of the profession of Virginia—even in its western half, where the 'stand-still' system and the difficulties referred to are hardest to be overcome—are anxiously waiting for reform, and hail with enthusiasm every effort that promises to release medicine from the weights that beset it, and give it the prominence and dignity of a science. Seeing, then, that the spirit of reform is abroad, and needs only a little exertion on the part of its more zealous advocates to mature the most wholesome results, it behooves its friends to exercise great caution in adopting only such a system of organization as will prove generally acceptable.

"That the present organization is defective, and therefore incapable of accomplishing the objects desired, is admitted, it seems to me, by the call for a convention, and would seem to be fully demonstrated by the conceded reluctance of practitioners 'to send in their application for membership.'

"Whilst the Richmond (styled the Virginia) medical society deserves all praise for seizing upon the opportunity and rescuing from forfeiture the charter that authorized the formation of a state medical society, and is entitled to the lasting gratitude of the profession for the healthful influence it has exerted in waking up its dormant energies, and bounding forward as the great pioneer of reform, yet societies that have even been stimulated into existence by her example, cannot discover how she, holding her monthly meetings—reading essays—discussing subjects—electing members—transacting private business and local matters, differs from other local societies—and will not, therefore, recognize her except as an elder sister, who, with greater facilities, greater zeal and higher success, is striving in like manner with themselves for the promotion of good and the elevation of the profession. If an expression of the medical opinion of the state out of Richmond and its neighborhoods could be obtained, something like the above sentiment, I have no question, would largely prevail. Whatever influence, therefore, the Richmond society may have exerted for good, and is calculated to effect even beyond its own limits, it remains an obvious and I fear a stubborn truth, that she cannot unite in herself the strength of the profession of the state, nor present a platform upon which it will consent to stand. Indeed the very idea of a local society—holding its monthly meetings with an attendance

of from 20 to 50 members—legislating for the profession of the whole state, and in the nature of things denying any a voice except residents of Richmond, or the very few whom chance, business or choice may happen to direct to that city just at the time of one of its meetings—is in itself preposterous. The only means then of obviating these difficulties, and accomplishing the ends so desirable and so essential to a vigorous and healthful organization, is to call a convention as suggested, which, under the charter held by the present state medical society, shall adopt its own constitution and laws—determine the relation of inferior societies—select delegates to the national medical association—and in a word, effect a complete organization of a state medical society. When this meeting should occur and at what place it should be held, are subjects of less importance, provided sufficient time is allowed for maturing the business of the convention anterior to the session of the National medical association. I would suggest, however, the 1st of January 1852 as a suitable time. The choice is determined by the session of the legislature, as it may be desirable to have reference to that body. Staunton would be most central and easiest of access to the greatest number, and is withal a common point between the East and West, yet I would readily acquiesce in wiser suggestions.

Yours, &c.,

WM. N. PATTON.

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### Medical Education.

The subject of medical education is one of vital interest, not only to the profession itself but also to the public. Until within the last year or so it has not occupied that attention in any quarter which its importance deserves, but no one who is a reader of the medical journals of the day can fail to see that there is at least an *agitation* of the subject going on from one end of the country to the other; and it is a source of gratification to know that the cause of *reform* is receiving support, not only from the state governments, but also from that portion of the profession which is most directly interested in the subject. It would be folly and madness for the schools, with all their alumni influence, to attempt to stem the current of reform which is now in motion; and we are glad to see that some of them are wisely adopting the improvements called for. We take the liberty of publishing the subjoined extract from a private letter received from a leading member of the faculty, of a most promising young school in the South, and we would only add, that the “great mass of the profession *are* waking up,” and *do* demand alterations in the present system of manufacturing doctors *for fees*.

"As to medical education, I think the whole system is defective. Much more time should be required; a system pursued which would bring the students more in contact with the professors; and especially the degree conferring power separated from the teaching. But I doubt exceedingly whether any real steps will be taken towards these reforms till the profession demand it. And the profession will not demand it till the Am. Med. Association has done its work in waking up the great mass of physicians, and making them realize that there is such a body as the medical profession, with its bonds of union and influence."

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### Acknowledgments.

We have to acknowledge the receipt of some very interesting and scientific pamphlets from Dr. BENNET DOWLER, of New Orleans. "The Natural History of the Alligator" and "Contributions to Physiology" have added to the already exalted reputation of this most industrious votary of natural science.

The "Minutes of the Proceedings of the Medical Society of Georgia, at its second annual meeting, held at Atlanta, April 1851," are on our table. We would like to copy, if space permitted, abstracts from the report of the special committee on the "Character and education necessary for a physician," made by Dr. Ford. The address of Dr. R. D. Arnold, president of the society, on the "Reciprocal duty of physicians and the public towards each other," is an interesting paper, and one calculated to do much good, if it could be seen and read by *the public*.

Personal pamphlets have been received from Drs. F. M. Robertson and H. A. Ramsay, but we deem it unnecessary to involve our readers in the merits of this controversy; particularly as we learn that the "matter is now done with."

Among the *announcements* of medical schools are those of the *University of Nashville* and *Dr. Mettauer's school at Randolph Macon*.

The "Dental Times," a quarterly of 44 pages, edited by ALFRED A. BLANDY, M. D., D. D. S., for the small sum of \$1 per annum, has been added to our exchange list. It is published in Baltimore, the first number having been issued August 1st, 1851. The leading article presents a strong reason why the resolution excluding dental and pharmaceutical colleges from representation in the American medical association, which was offered by Dr. Wood, should not be adopted. The subject is one of interest, and will doubtless be the source of a warm debate at the next meeting.

### To Correspondents.

Communications have been received from Drs. Lewis, Bowyer, Evans, Ballou and Brown, which shall appear in our next issue.

Several other communications have been received, which shall be attended to.

Our thanks are due to Messrs. Blanchard & Lea, for the following works of value which we have received through Morris & Brother of this city. Their importance demands more time and space at our hands than we can give them this month. "The Geological Observer," by De la Beche—"Walshe on the Heart and Lungs," and "Craigie's Elements of General and Pathological Anatomy."

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### Medical Society of Virginia---Called Meeting.

At an adjourned meeting of the Society, held September 2d, Dr. BEALE, first vice-president, in the chair, the following, report which had been deferred for the special action of an adjourned meeting, was called up:

The committee to whom the Medical society of Virginia referred the resolution which had been offered for the purpose of regulating the conduct of apothecaries, have had the same under consideration, and recommend, in lieu thereof, the adoption of the following code of ethics, which, they deem it proper to say, is substantially the same as that agreed upon by the college of physicians and the college of pharmacy in Philadelphia.

W. D. HASKINS,  
F. H. DEANE,  
C. P. JOHNSON,  
C. S. WILLIAMS,  
G. A. WILSON.

### **A Code of Ethics, adopted by the Medical Society of Virginia, for the regulation of the conduct of Physicians and Apothecaries respectively towards each other and the public.**

The practice of medicine being a profession which demands knowledge, skill and integrity on the part of those engaged in it, and being associated with the profession of pharmacy in the responsible duties of preserving the public health and dispensing the useful though often dangerous articles adapted to the cure of disease, its members should be united on some general principles to be observed in their several relations to each other and the public: therefore, we, the members of the Medical society of Virginia, urge upon the physicians and apothecaries generally the adoption of the following principles for the government of their conduct:

1. As the diagnosis and treatment of disease belong exclusively to the province of the physician, and as a pharmaceutical education does not qualify its possessor for these responsible offices, the apothecary should in all instances refer applicants for medical aid to a regular physician.

2. Any connection with, or moneyed interest in, apothecary stores on the part of practising physicians, or any effort of an apothecary to further the interests of any particular physician, to the prejudice of other reputable members of the medical profession, or allowing any physician a per centage or commission on his prescriptions, should be discountenanced, as unjust towards that profession and injurious to the public.

3. As medical men occasionally commit errors in the phraseology of their prescriptions, which may or may not involve ill consequences to the patient if dispensed, and be injurious to the character of the practitioner, it is held to be the duty of the apothecary in such cases to have the corrections made, if possible, without the knowledge of the patient, so that the physician may be screened from censure. When the errors are of such a character as not to be apparent without the knowledge of circumstances beyond the reach of the apothecary, we hold him to be blameless in case of ill consequences, the prescription being his guarantee, the original of which should always be retained by the apothecary.

[Remarks made by apothecaries upon prescriptions being an interference with the practice of physicians and hazardous to their patients, should be scrupulously avoided as an infringement of this article.]

4. Apothecaries are likewise liable to commit errors in compounding prescriptions: *First*. From the imperfect handwriting of the physician. *Secondly*. Owing to the various synonyms of drugs in use and their imperfect abbreviations. *Thirdly*. From the confusion which even in the best regulated establishments may sometimes occur, arising from press of business; and *Fourthly*. From deficient knowledge or ability of one or more of the assistants in the shop, or of the proprietor himself. We hold that in the first three instances named, it is the duty of the physician to stand between the apothecary and the patient as far as possible—and in the last, that he should be governed by the circumstances of the case—drawing a distinction between an error made by a younger assistant accidentally engaged, and a case of culpable ignorance or carelessness in the superior.

5. As we consider that any discovery which is useful in alleviating human suffering or in restoring the diseased to health should be made public for the good of humanity and the general advancement of the healing art, no member either of the profession of medicine or pharmacy should originate or prepare a medicine the composition of which is kept concealed from each other or from the public.

6. As the apothecary should be able to distinguish between good and bad drugs in most cases, and as the substitution of a weak or inert drug for an active one may negatively be productive of serious consequences, we hold that the intentional sale of impure drugs or medicines, from motives of competition or desire of gain, when pure

articles of the same kind may be obtained, is highly culpable, and that it is the duty of every honest apothecary or druggist to expose all such fraudulent acts as may come to his knowledge.

7. As there are many powerful substances that rank as poisons, which are constantly kept by apothecaries and prescribed by physicians, and which are only safe in their hands—as arsenious acid, vegetable alkaloids, ergot, cantharides, &c.—we hold that the apothecary is not justified in vending these powerful agents indiscriminately to persons unqualified to administer them, and that a prescription should always be required, except in those cases where the poisons are intended for the destruction of animals or vermin—and in those instances only with the guarantee of a responsible person.

On motion of Dr. HAXALL, the report of the committee was received, and each clause of the code was separately read and adopted unanimously.

Dr. GOOCH offered the following:

1. *Resolved*, That this code be received and adopted by the Medical society of Virginia.

2. *Resolved*, That a committee be appointed by the chair, whose duty it shall be to have one hundred copies of the same printed, and to furnish each apothecary in the city with two copies, and as soon as possible to return to this society the names of such as may signify their intention to abide by its provisions, and also of such as do not.

Which were adopted unanimously, and the committee under the second resolution was announced, as follow: Drs. HAXALL, CUNNINGHAM, GIBSON, DEANE, R. G. CABELL, CONWAY and SNEAD.

On motion, Dr. BEALE was added.

Several letters of application for membership were read; and after the transaction of some unimportant business, the society adjourned.

### September Meeting.

Dr. C. P. JOHNSON, *Second Vice-President, in the Chair.*

(*Present—Twenty-eight Members.*)

The minutes of the August meeting and adjourned meeting having been read and approved, the following gentlemen were then balloted for, and declared duly elected members of the society:

P. H. Christian, M. D., *Bedford.*  
W. W. Lewis, M. D., *Roanoke.*  
A. N. Wellford, M. D., *Fredericksburg.*  
W. F. Carrington, M. D., *Lynchburg.*  
W. H. Dennis, M. D., *Roanoke.*  
Geo. S. Upshur, M. D., *Norfolk city.*  
Geo. C. Rawlings, M. D., *Richmond city.*  
A. S. Payne, M. D., *Fauquier.*  
Jno. B. Anderson, M. D., *Louisa.*

C. R. Palmore, M. D., *Cumberland.*  
J. C. Vaiden, M. D., *Richmond city.*  
Orris A. Brown, M. D., *Greensville.*  
Jno. M. Galt, M. D., *Williamsburg.*  
Rich'd P. Walton, M. D., *Cartersville.*  
D. S. Langhorne, M. D., *Lynchburg.*  
A. S. Dillon, M. D., *Farmville.*  
L. S. Joynes, M. D., *Accomack.*  
T. J. Wooldridge, M. D., *Richmond city.*

Letters of application for membership were read from several gentlemen, who were duly nominated.

ASTHMA being the subject of discussion, Dr. F. H. DEANE proceeded to read the following paper:

I beg leave, Mr. President, to give the history of the following

**Cases of Asthma treated by the Hydriodate of Potash:**

Before doing so, I will merely state I was induced to employ the agent by a statement given me by a clergyman residing in the state of Illinois. During a visit to this city two or three years before the statement just alluded to, I attended him in a protracted and violent attack of asthma. I found great difficulty in affording him even temporary relief, although every means were most perseveringly tried. He said, for the next two years after this attack his general health greatly failed, and the paroxysms of asthma were so frequent and obstinate, he was unable to preach oftener than one Sunday in three—life had become almost a burthen to him. In this state of things he was advised to try a sea voyage. He accordingly sailed for Liverpool—his sufferings were not relieved during the voyage or after reaching his port of destination. He was now advised to visit Dublin to obtain the advice of Dr. Stokes—he was under Stokes's care for many weeks, but did not receive the slightest benefit—so much so that Dr. Stokes advised him to try travelling for twelve months in the South of Europe. This was too inconvenient to him—therefore, he determined to return to his home in Illinois. On reaching home he was as great a sufferer as ever. He was now advised by a physician residing in his vicinity to try the hydriodat. of potash—he made use of the remedy, and found relief too immediately to leave any doubt as to the propriety of attributing his increased comfort to this agent—that whilst he had since been frequently threatened with a paroxysm of the disease, he had always been able to ward it off by a resort to this medicine. That his health had greatly improved, and he was now enabled to preach with a degree of comfort he had been a stranger to for so many years.

A short time after this narrative, I was summoned to see a youth fifteen or sixteen years old. I found him suffering from a severe attack of asthma. I was told he had been a great sufferer from this disease for seven or eight years—that during this time he had been under the care of three or four different medical men without experiencing any sensible improvement in his health. Some of his medical attendants regarded the affection as symptomatic of some heart affection. My own observations of the case did not verify this supposition. I directed him to take 5 grs. of the hydriodat. of potash every two hours—the next morning I found him relieved, and was told he was sensible of great relief soon after taking the second or third dose. He was under my observation for the next eighteen months, and during the whole of this time never had an attack of the disease. He was however frequently threatened with it, but had always been able to ward it off by resorting to this article.

The third case I will mention, is that of a married woman, aged thirty-five. For the last eight years she has always had an attack of

asthma in the month of May. The other months of the year she enjoys uninterrupted health, and is not liable to cold, although frequently exposed to the vicissitudes of weather. I had the opportunity of attending her in one of these attacks. The disease was always ushered in by just such symptoms as those characterizing epidemic influenza—pain about the head and eyes, accompanied by incessant sneezing and most copious defluxions from the nose and eyes. These symptoms generally lasted three or four weeks, and were invariably followed by severe asthma lasting quite as long. In this attack I used a great variety of remedies, without affording any satisfactory relief. The following spring she was attacked in the same manner. Two or three days after the symptoms characterizing influenza had appeared, I was requested to see her. She was directed to take eight grains of the hydriodat. of potash every four hours. These symptoms were greatly mitigated during the next twenty-four hours; and after using the agent in this way for three days, they were so much relieved that she was directed to discontinue the remedy. Nitric acid was substituted. A few days after commencing the use of nitric acid, she was attacked by a severe paroxysm of asthma. The hydriodat. of potash was directed to be taken, eight grains at a time, every two hours. Before the ensuing morning she was relieved of all symptoms of asthma. She ascribes the return of her asthmatic symptoms in the month of May to the odor from flowers, as her house is surrounded by roses and other plants.

I have treated three or four cases besides these just related, with this agent, and with results equally satisfactory. I presume it is unnecessary to give an account of them, as there was nothing peculiar in them. I regret that the cases I have mentioned are so imperfect in some important particulars. I allude to the circumstance that I have not informed the society upon the pathological conditions involved in either of my cases. This negligence is partly owing to the fact that when I commenced the use of this agent I had scarcely any hope that it would relieve my patient, and in the first two or three instances I was disposed to ascribe the relief felt to some natural change in the disease itself. Subsequent trials with the remedy convinced me that in this opinion I was mistaken. The cases I have reported, I think, at least ought to encourage us in further trials with the remedy. I am disposed to believe it will be found to be an agent greatly mitigating the paroxysmal features of the disease, and that it will lessen the distressing catarrh so often found existing between the paroxysms of the affection. To give weight to what I have said in relation to the relief obtained by my patients by the use of this article, I will merely say, until I used it in asthma I was disposed to regard it as destitute of medicinal value. I considered it almost as inert—as valueless as sarsaparilla. I had given it for a great variety of disorders, in larger doses too than its friends had ever dreamed of, and I had never been able to see any effect from it whatever. I never met with a patient who was quite sure that it increased any of the secretions or excretions of the body. 'Tis true I have never had much experience with it in the treatment of secondary syphilis—and here it is said its good effects are most conspicuously to be seen.

An interesting debate was carried on till a late hour. A dozen members took part in it, and we regret that our unavoidable absence prevented us from making even a short report of the many interesting practical remarks which were elicited.

On motion of Dr. RIVES, NEURALGIA was made the subject for the October meeting.

Dr. BOLTON presented a piece of bone, which he extracted from the rectum of a negro man. It had evidently been swallowed with the food, and had passed through the entire extent of the alimentary canal until it reached the sphincter ani. There it lodged, producing severe tenesmus until it was removed. The fragment is of a triangular form, and measures 10 lines long by  $3\frac{1}{2}$  lines wide.

Dr. B. presented to the society several months since another piece of bone, which he extracted from the same man and from the same situation. He was informed that this was the third occurrence of the same kind.

Dr. B. read the following extract from a letter written by a medical friend in New York: "We had a very interesting case reported to our club. A lady swallowed 6 artificial teeth set on a gold plate  $1\frac{1}{2}$  inch long by  $\frac{3}{4}$  inch wide—produced some irritation in the stomach and then in the cœcum, but were evacuated in 10 weeks without any accident."

Dr. B. exhibited an artificial leg, manufactured by Nicolay of New York, who had been for a considerable time connected with an orthopedic institution in Paris. It was well finished, and had been worn with much comfort. Its principal advantage consists in a spring-bolt, by which the knee may be made rigid, or may be flexed at pleasure. It was furnished at an unusually low price.

Dr. C. P. JOHNSON, chairman of the committee on revision of the constitution, read the following report:

The committee to whom was referred certain amendments to the constitution, have had the same under consideration, and beg leave respectfully to report:

Whereas this society has, by a recent action, pledged itself to the profession of the state at large to place its affairs under their immediate control as soon as the number of country members became sufficiently large to justify such a step; and as we think this condition has now arrived, and that a most favorable opportunity for the proposed change will be offered at the approaching meeting of the National medical association in this city in May next; and whereas certain alterations in the constitution will be necessary in order to effect this change—it is recommended,

That the 1st section of Art. I. be so altered as to read thus: "Every candidate's application for membership shall be made to the committee on nominations. If this committee report favorably the candidate shall be ballotted for by the society, and the approving votes of three-fourths of the members present shall be necessary for his admission."

That section 4th of Art. I. be stricken out.

That in section 2d of Art. II. the word "regular" be inserted in place of the word "annual."

That section 4th of Art. VII. be stricken out.

That in section 1st of Art. VIII. after "committee of publication" the words "and a committee on nominations consisting of three members" be inserted.

That at the end of section 1st of Art. IX. the words "and of nomination" be added.

That the following be added to Art. IX. "Section 8. It shall be the duty of the committee of nominations to receive all applications for membership, to consider the same, and to report upon them to the society as early as possible."

That Art. X. be stricken out.

That section 16 of by-laws be stricken out.

On motion, the report was received, and the amendments recommended by the committee were passed to their second reading.

It having been intimated that the chairman of the committee on "*The present condition of medicine and the interests of the profession in the state of Virginia,*" would be prevented by other duties from preparing the report, Dr. LANDON RIVES, of Richmond city, was appointed, by vote, chairman of that committee.

The resolution offered by Dr. PARKER, at the August meeting, prohibiting members from holding consultations with individuals who have been rejected by the society, was called up. Dr. SNEAD moved to lay it on the table indefinitely; which motion, after debate, was withdrawn, and Dr. GIBSON moved to postpone its consideration until Tuesday evening 30th—which motion prevailed.

The hour being late, the society then adjourned until Tuesday, 30th September.

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### Reviews and Bibliographical Notices.

*The Laws of Health, in relation to mind and body: a series of letters from an old practitioner to a patient*—By LIONEL JOHN BEALE, M. R. C. S., 8vo. 295 p. Philadelphia: Blanchard & Lea. 1851.

This work is one of much value, and is one of a popular character. The author has embodied in twenty-eight letters, which are plainly though forcibly written, more valuable truths in regard to the prevention of disease, the development and maturity of body and mind and sanitary principles, than we have met with in any other non-professional work. We warmly commend it to the heads of families, as being worth more to them than all the "Domestic Medicine" books that have been published, for there is an old maxim which says that "an ounce of prevention is worth a pound of cure." It is a popular treatise of the elements of physiology, which conveys great truths of practical moment to everybody. If the reader finds it too incomplete in physiology and the laws of health, the book will have done much to stimulate him to further enquiry and study. On the other hand, no educated person will find it "too deep"—too complete.

We will only notice a few of the topics treated on in some of the chapters. The 1st contains facts and speculations concerning the nature of life. The 2d is principally devoted to an useless history of medical schools and discoveries. The 3d is devoted to delusions. Mr Beale considers quackery an unavoidable evil, dependent on many causes; for instance, on the incurability of many diseases, the accidental discovery of many remedies, the uncertainty of the operation of medicines, that the art is somewhat empirical, and that there are many conflicting hypotheses among the best part of the profession.

"Homœopathy," he says, "is one of the greatest delusions which human blindness ever adopted." The startling displays of *Mesmerism*, which so often convince the unwary of "impossible truths," he attributes to their proper causes. The antidote to these heresies which the author suggests is:

"To enlighten the public mind. It is ignorance that affords patronage to secret remedies, miraculous cures, and quackeries of all sorts, both in and out of the domain of physic. When all medical practitioners shall cease to be pretenders to more knowledge than they really possess, then will the public cease to patronize quackery; and a more complete education—intellectual, moral and professional—of all classes of medical practitioners, engendering higher views of their duties, will cause them to rank higher in the estimation of the public, and be productive of greater benefit than any exclusive privileges which the legislature could confer upon them"—p. 43.

The next chapters abound in useful hints on physiology, which ought to be known to all. Diet, digestion, the circulation of the blood, animal heat, the organs of respiration, clothing, exercise, temperature, &c. &c. are discussed at some length. The following extract will convey an idea of the author's style and of the value of his opinions:

"Full expansion of the chest is equally essential to health as good air, for if, by our clothing or constrained position, we impede the full expansion of the lungs, healthy respiration is prevented, and the due purification of the blood impaired. Whatever compresses the chest or abdomen impedes respiration, and therefore pressure from dress, bands or stays, must always be had. How is the chest of a girl to expand with growth if incased in these horrid inventions? No girl should wear stays till she has long done growing, for the chest continue to expand after growth has ceased: by the use of stays the size of the chest is limited, and the ribs are forced to overlap, as I have seen in several instances. I question if any woman would really require stays before the age of thirty-five or forty. The best figures of ancient and modern times have never worn any stays. We have dismissed the swaddling clothes of our infants, and we shall succeed, sooner or later, in annihilating stays for girls and young women. None should wear them if they knew how much better they would be without. After having been accustomed to the support it is very difficult to discontinue their use, because the muscles of the spine, having been superseded in their action by the barbarous pieces of iron, bone, or wood of these body-cases, have lost their power of maintaining the body in an upright position, and without stays the deformities produced by these machines become visible. I hope the time will arrive when stays will be considered antiquities of the mediæval ages, and be only preserved as relics to adorn the museums and halls of the curious"—p. 64.

The next chapters are devoted to the brain—its relation to the body and mind—the action of the brain and mind, and their effects on the body, in health and disease. Most of this matter is good, but we must insist that the author had much better have espoused the cause of phrenology than have squinted towards it or apologised for it, as he does in several places.

The importance of very early exercise of the faculties is thus noticed:

"It is an old remark that most great men have to thank their mothers for their success in life; and you will almost always find that every distinguished man has had a clever mother. So much is learned by a child before he is two years old, that it is obvious how important

must be the tuition of the parent with whom he spends his time during his early part of life. Probably, in most cases, the general bent of the mind is established in the nursery; and if the subject was understood, much might always be done at this early period in eliciting those faculties of the mind which are the earliest developed. For example, much good must ensue from the early exercise of one of the most important of all the mental powers, that of attention. Whatever a child is doing it would be well if his attention was riveted to it, until he comprehended as much as his age permits before he passed to any thing else. Children are so volatile that they fly from one thing to another with too much rapidity thoroughly to acquire a knowledge of one object before they begin to examine another. The possession or the absence of the power of fixing the attention steadily to the present pursuit constitutes much of the difference of capacity which we find among men. We often say such a child is blessed with a retentive memory, when the power is the result of that close attention to one subject at a time which ensures the knowledge of it: you will find that this power of abstract attention is one very distinguishing feature of genius"—p. 121.

But in glancing over the pages of Mr. Beale's book we find so much deserving of notice and of extracting, that we will cut these remarks on it short, by recommending it as a *book for doctors and patients*. It may be obtained in Richmond of Messrs. Morris & Brother, for a sum far below its value.

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*INTERMARRIAGE; or the mode in which, and the causes why Beauty, Health and Intellect result from certain unions, and Deformity, Disease and Insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities, which each parent, in every pair, bestows on children—in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. With eight illustrative drawings. By ALEX'R WALKER. 12mo. 384 p. Philadelphia: Lindsay & Blackiston. 1851.*

We cannot give our ideas of this book and the subject of which it treats in better language than the following extracts do, though they are adroitly introduced by the publishers as a puff:

"Après nous être occupés si curieusement des moyens de rendre plus belles et meilleures les races des animaux ou des plantes utiles et agréables; après avoir remanié cent fois celle des chevaux et des chiens: après avoir transplanté, greffé, travaillé de toutes les manières, les fruits et les fleurs, combien n'est il pas honteux de négliger totalement la race de l'homme!"—*Cabanis*.

"The highly interesting subject upon which you are writing is remarkably suited to the passing time in our country. Our aristocracy, by exclusive intermarriages among ancient families, proceed blindly to breed in contempt of deformities, of feeble intellect, or of hereditary madness, under the instigation of pride or the love of wealth, until their race becomes extinct; while another portentous cause, that of unwholesome factories, threatens to deteriorate the once brave manhood of England. I believe that, among mankind, as well as domesticated animals, there are physical and moral influences which may be regulated so as to improve or predispose both the corporeal and moral aptitudes; and certainly the most obvious course is that of selecting the fit progenitors of both sexes."—*Sir A. Carlisle, in a Letter to the Author*.

This work is one of much value to all classes, and like the one noticed above, it is of a popular nature and treats of physiology. It would soon be widely circulated, were it not for that hyper-fastidious taste which is so fashionable and which is so opposed to the teaching of physiology and anatomy. It is deemed indelicate that a young woman who is a candidate for matrimony should be taught anything about "physiological conditions connected with and terminating in

love," or "the sexual relations arising from these conditions, and connected with, or leading to, intermarriage," &c. All rational ideas of the importance of studying the laws of selection, of progeny, and of the consequences of particular crosses, are kept away from those most interested in them. Books which treat of these things scientifically, like the one before us, are deemed *improper*, while the same individuals are constantly reading the trashy novels of the day, whose sole influence, if not object, is to excite the baser passions and minister to a morbid taste. This state of things cannot last long—first, because the printing press is disseminating far and wide the rich and attractive fruits of science; and secondly, because the necessity of a renovation of families to prevent their extinction is becoming quite common. In England the subject has already commanded universal attention. Were this science more studied here, we would see less frequently alliances made between phthisis and scrofula, or gout and plethora, &c. We recommend this work, with the last mentioned. The two ought to go hand in hand into every library in the country.

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*The Microscopist; or a Complete Manual on the use of the Microscope: for Physicians, Students, and all lovers of Natural Science. With illustrations—By JOSEPH H. WYTHES, M. D. Philadelphia: Lindsay & Blackiston. 1851. 12mo. 190 p.*

Microscopy is the handmaid to pathological investigation. Its developments have tended more to *establish* the truths of modern pathology than all the reasoning power of the best minds. The use of the microscope is becoming common, and it is now considered as a necessary piece of apparatus in the studio. But to the beginner in its use many difficulties of comprehending various phenomena which it presents, arise, and to avoid these and acquire a facility in its use some guide is necessary. The little Manual of Dr. Wythes, which gives a full description of various forms of the instrument, its application to every sort of substance and under all circumstances, will be found an useful—a necessary—*vade mecum* to those desirous of learning the use of the instrument. Many instances have occurred where men, who have recorded their "microscopical observations," have made themselves ridiculous by their most wonderful discoveries. They handle the instrument as a philosophical toy, never having learned its use, and thus bring the instrument into an undeserved disrepute. Dr. Lyons, of Dublin, in an introductory to a course of lectures on microscopical anatomy and pathology, makes a good "apology for the microscope," and throws the *onus* of all its falsities on the general incompetency of its users.

We recommend Wythes' little book to go with the instrument always, though it is not intended to supersede more elaborate treatises on the subject of microscopy.

## Case of Gunshot Wound of the Spine.

COMMUNICATED BY CHARLES S. TRIPLER, M. D., SURGEON U. S. ARMY.

The interesting and important discovery of the reflex functions of the spinal nerves promises so much benefit to the science of medicine, that no fact tending to illustrate or establish Dr. Hall's views can be looked upon with indifference. I therefore take great pleasure in communicating the following notes of an interesting case which I made at the bedside of the patient a short time ago. I shall make no remarks upon it, preferring to submit it as it is, for the use of Dr. Hall himself, should it ever meet his eye. I may, however, be indulged in suggesting that the practical surgeon may derive a hint from it, that may save himself and his patient some trouble in a similar case; for, if the tuillation of an afferent nerve may, through reflex action, enable him to dispense with the use of the catheter and enemata, it will be no trifling point gained.

During the protracted war with the Seminole Indians in Florida, an officer, travelling from St. Augustine to Picolata, was waylaid and wounded by a party of those savages. He was seated upon the floor of a common baggage wagon; the ball passed through the side of the vehicle before striking him. He was shot on the line of the union of the last dorsal with the first lumbar vertebra—the ball penetrating at the angle of the ribs on the right side two inches above the vertebra, and passing in a direction obliquely downwards and toward the spine. The general direction of the wound was ascertained by the probe, but the ball could not be felt, and where it is lodged remains a mystery to this day.

This took place on the 25th November 1839. The immediate consequences were loss of motion and sensation below the wounded part, though the sensorial recognition of the lower extremities was that of numbness and tumefaction. When he was received into the hospital, bottles of hot water were applied to his legs, with the effect of causing deep eschars very rapidly, but without producing any sensation. The gunshot wound healed very readily, leaving the patient in the following condition: The line of normal sensation began in front, at the anterior superior spinous process of the ilium, descended almost in the direction of Poupart's ligament about half its length, then curved upwards, passed just below the umbilicus, described a similar curve on the other side, and then passed around the back in nearly a right line to the point of departure.

The bladder and the rectum were paralyzed; the one was relieved by the catheter, the other by castor oil. The use of the oil was continued for about two years; afterwards enemata were substituted; lavements of water are still used occasionally. The feces are passed without sensation. The catheter was used for about a year or a little more. About the beginning of the year 1841, he found that the bladder could be induced to contract, by *tickling the side of the penis, just behind the coronal glandis*; and he afterwards discovered that the same manipulation would provoke the rectum to discharge its contents; no sensation, in the mean while, being transmitted to the sensorium.

He thinks that titillation of the left side of the penis affects the rectum more than the same operation upon the right.

No sensation of distended bladder calls for relief; but contraction of the toes and abduction of both thighs occur at this time, warning the patient of the wants of nature.

Priapism was readily excited for a time, by friction upon the back or breast; but this seems to have subsided of late years.

The flexors of the toes are permanently about half contracted; by tickling or jerking up the scrotum and testicles, these muscles may be made to act spasmodically.

The temperature of the paralyzed parts is good. He thinks he feels more and more, from year to year, a consciousness of the existence of the limbs, and by an effort of the mind, to fix attention upon them, they ache so much as to render it necessary to desist.

There is not so much corpulency of body as is usual in such cases, nor are the paralyzed extremities so much atrophied as we might expect.

All sorts of counter-irritations, hydropathy, homœopathy, electricity, strychnia, &c., have been resorted to, but without benefit. In 1844 or '45, while trying the sulphur vapor, a jet of hot vapor was thrown upon the sole of the left foot, and took off the whole integument, he being totally unconscious of any sensation.

The urine was ammoniacal and purulent for the first three or four years, but has been less offensive since. If he assumes the erect position, leaning upon his crutches, to empty the bladder, the urine is less offensive than when he is obliged to lie in bed for a few days.

The color of the limbs is natural. He assures me that they were, a few years ago, more sallow and more atrophied.—*N. Y. Medical Journal*.

[From the Boston Medical and Surgical Journal.]

### **The Patent Medicine Business, and the duty of Physicians with regard to it.**

*Mr. Editor*—I was pleased to see in the last number of your journal, that the important question has been agitated by some of our district societies, and that the movement has been seconded by some of the physicians in this city, as to whether it is not the duty of the physicians to discountenance the manufacture and sale of patent medicines and nostrums, in a more decided and emphatic manner than has heretofore been adopted.

As the matter now stands, the physician, though perhaps unwillingly, is forced into the necessity of aiding and abetting quackery by purchasing his medicines and sending his recipes to shops where patent medicines are made and sold, from the fact that all our apothecaries (with a few honorable exceptions) deal in nostrums to a greater or less extent.

This trade in quack medicines is a *dishonest* business. It is not or ought not to be considered *respectable*, and it is the duty of physicians

to discountenance it. It is a dishonest business, because, by reason of false representations and bought or forged certificates, it holds out to the invalid promises which cannot be fulfilled. The consumptive's last dollar is drawn from his pocket to purchase some worthless compound, which, in the simplicity of their hearts, he and his friends are led to believe will restore him to health—a hope founded on these false statements of the patent medicine dealer, but soon to be quenched in death. This is but one illustration—will any one say that such a business is honest?

It is not a respectable business. The man who puts his decoy sign in some alley or lane of the city, and by false promises, in high-sounding advertisements, and by an assumed name, promises to cure "secret diseases" by secret remedies, in a short time, according to the price the too-believing, unfortunate one is able to pay, is not called respectable. We do not call the man who aids and assists him respectable, and he does not consider himself worthy of respect. He is ashamed of himself. Is the manufacturer or dealer in such secret remedies, though in a more splendid establishment, and patronized by the regular physician—is he so far above the quack doctor that some of the censure may not apply to him? Certainly not. By misrepresentation, these nostrums are placed before the public; the apothecary, if not directly interested in their manufacture, buys a supply, saying, to relieve himself of the responsibility, that people *will* be humbugged, and he might as well have the profit of it as others. A poor excuse, truly.

It is the duty of physicians to discountenance it by all means in their power, because it is a dishonest business—(one reason in itself sufficient)—because it is or ought to be disreputable, and because, by combining the dispensing of medicines with the trade in quack nostrums, the medical profession is degraded by the connection; the villainous compounds of a Townsend, a Brandreth and a Moffatt are vended at the same counter where the prescriptions of physicians are compounded—the broad and comprehensive term "Pharmacy" being made to cover the whole.

By the exertions of physicians this state of things can be remedied. When apothecaries are aware that their shops will not be patronized and recommended by the medical faculty as long as they continue to deal in nostrums, they will be discarded from their shelves, and the business confined to a few disreputable shops having no connection with the respectable drug business. These nostrums will be made and sold to some extent, but let us clear ourselves of all connection with the traffic. This, I believe, is the state of feeling among the profession generally—at least, so far as I have any knowledge of it.

By these remarks, I only hope to excite a spirit of enquiry among the members of the profession, and I hope before long to see some decisive action taken in the matter, that the laws may no longer remain a dead letter on the books of the Massachusetts medical society.

A MEMBER OF THE MASS. MED. SOCIETY.

### Coup de Soleil or Sun-Stroke.

In "a summary of the transactions of the Coll. of Phys. of Philadelphia," published in the last number of the American Journal of Medical Sciences, are some remarks by Dr. Pepper, one of the physicians of the Pennsylvania hospital, on the above disease. "He considered it a remarkable circumstance that this affection has received so little attention from medical writers."—"In consulting the standard authorities, we find but little said in reference, and that generally vague and unsatisfactory." This fact is, in our opinion, easily accounted for. The disease seldom occurs except in crowded communities as in large cities; and in these, only among a particular class, the common laborers, who earn their daily bread by their daily work, and are consequently compelled, usually, to labor during the intensest heat of the day, when the thermometer, in the shade, ranges from 96 to 100 degrees and over, with not only the direct rays of the sun playing full upon them, but also the reflected rays from pavements and buildings. Added to this, as the efficient and exciting cause, we have fatigue, intemperance, and often insufficient or improper food as predisposing agencies. These causes do not usually exist in the country, and in small communities, where, if labor is performed in the heat of the day, and under exposure to the sun, it is with a supply of fresh, wholesome air, with none of the other predisposing causes; the powers of the constitution will, under such circumstances, generally resist its baleful influence. The members of this class, when any accident befalls them, are almost always conveyed immediately to the hospital; and therefore it is rather rare for a private physician to be called to treat a single case of coup de soleil, and of course nothing can be furnished by him on the subject in the way of practical experience. When brought to the hospital, it is generally at an hour when the attending physician is absent, and the case usually dies before his next visit, or is so far recovered as not to call for his particular notice, so that he knows but little personally of the phenomena of the disease. It is thus only seen by the resident physician, who, in the discharge of his multitudinous duties, takes no particular note of the symptoms or history of the case, but sees the patient die in a few hours, perhaps in a few minutes, after his admission, and thinks no more of it.

Private physicians are sometimes called suddenly in the heat of the summer, to a man who has "fallen down in a fit while at work," and regarding the case as one of apoplexy, he pulls out his lancet, bleeds him and sends him to the hospital. This is almost universally the practice. Dr. Pepper says, of twenty hospital patients, *all* had been bled previous to admission. This fact is, of itself, a strong indication that some knowledge of pathology of the disease is much needed in the medical community; for it is well known to those who have had much experience in this disease, that venesection, if it succeeds, is almost certain death.

In this city the disease is quite common in the months of July and

August, commencing sometimes as early as the middle of June and ending as late as the first week in September. In the summer of 1847, if I remember rightly, there were thirty-seven cases in four days. Most of them died so promptly that there was not time to convey them to the hospital, the coroner being usually the only physician who saw them. Not only were men affected, but animals, omnibus horses especially, it being quite common to see them fall and die in the street. During the last five years, according to our records, forty-two cases were admitted into the hospital. Of these, twenty-four died and eighteen survived. Fourteen occurred in the month of August, twelve in July, twelve in June, and four in September.

The prognosis in this disease, as in cholera, depends almost entirely upon the stage in which the disease is seen. If in the stage of collapse, the stage is almost hopeless. So that one physician might have ten cases, and all might recover; another might have the same number, and the treatment be equally judicious, yet nine out of the ten might die.

Nearly half of the cases that have been brought to this hospital, as far as my own experience extends, have been in the stage of collapse, or bordering upon it. They were usually brought in late in the afternoon, and, of course, some hours after the inception of the attack. They have then been comatose, with cold surface, except that of the head, which is often very hot, feeble, frequent and fluttering pulse, scarcely perceptible at the wrist, dilated and inactive pupils, respiration labored; sometimes stertorous. Sometimes they have lain perfectly motionless and paralyzed; sometimes restless; sometimes in convulsions. Often, when in this state, under the application of a powerful stimulus to the surface, as burning alcohol to the legs, a patient has sprung up in bed, stared at those around him for a moment, asked for a drink, taken it, and then fallen back again into his former condition. In a less advanced or less severe stage of the disease, the patient has presented pretty much the same symptoms, but in a less marked degree. The pulse is frequent but not so feeble and irregular, the pupils act feebly, the surface is cool, the head perhaps burning hot; patient is perhaps in a state of partial coma, from which he can be aroused however by addressing him by name in a loud tone; the respiration is quick and labored, but not stertorous; sometimes he has convulsions, quasi epileptic; sometimes he is extremely restless, requiring to be held in bed. In a still earlier or less severe stage, the patient is perhaps able to walk with assistance; complains of intense pain in the head, which is usually hot. The extremities are cool; pulse not much altered, not hard or bounding; no infection of eyes; pupils rather dilated, if altered at all.

Perhaps one or two cases by way of illustration, and briefly stated, would not be amiss here.

C. 1st. A man, name unknown, about forty years of age, was brought to the hospital about noon, July 27th, 1848, and admitted under Dr. H. D. Bulkley. He had fallen in the street a short time previous to admission; was in a state of complete coma, with labored and irregular respiration; quick and fluttering pulse; head hot; pupils immovably dilated.

*Treatment.*—Sinapisms to feet, legs and stomach. Ice to head, and stimulants. He survived but a few hours.

*Autopsy, eighteen hours after death.*—Brain normal—lungs slightly congested—crepitant. Other internal organs healthy.

C. 2d. Michael Collyer, native of Ireland, laborer, was admitted under Dr. Griscom, Aug. 11th, 1848, in a state of insensibility, having fallen down in the street; respiration stertorous; pupils dilated; pulse quick, feeble and irregular.

*Treatment.*—Turpentine enema. Sinapisms to chest and limbs—stimulants freely. Patient survived but a short time.

*Autopsy, eighteen hours after death.*—Brain slightly congested; lungs emphysematous at some points; other organs healthy.

In these cases, as has been seen, there was no marked congestion of the internal organs. In nearly all the cases that occurred in 1850, there was well marked congestion of these organs; sometimes of the lungs; sometimes of the brain. Thus, out of eight cases recorded in our books, there was congestion of the lungs in two, and of the brain in four. In one of the remaining two, there was apoplexy, and this man was bled in the hospital, being the only case out of the forty-two in which the lancet was considered admissible; the case proved fatal.

In the remaining case, there were well marked epileptic convulsions; this case terminated favorably. The congestion of the brain in two of the four cases was inferred from the symptoms as the cases recovered. In the others, it was revealed by a post mortem inspection. In no case was inflammation of the brain or its membrane observed; and in all the cases the same course of treatment was pursued, with the above-mentioned exception. Cups were applied to the temples in the cases suffering from head symptoms, such as heat, dilated pupils, stertorous breathing, pain; but external and internal stimulation of the most active kind was indicated in all, except perhaps in those admitted in the first degree or stage of the disease. Sometimes the patient was placed in the warm bath, and at the same time the cold douch was applied to the head; this usually seemed to have some effect, though but temporary. In the cases which shewed congestion of the brain, at the autopsy, the symptoms were still such as to require prompt stimulation, the only difference in the treatment being the local abstraction of blood from the temples, and the application of ice to the head. I knew of one case in private practice in the year 1847, which occurred in a high liver, of apoplectic build, and shewed marked symptoms of apoplexy. The attack yielded with some difficulty to large bleedings.

Insolation is almost uniformly nervous exhaustion, and is to be treated as such. We are not to bleed because the patient is a robust man, and has fallen in a fit at his work, which seems to be the only circumstance taken into consideration usually by the physician who is hurriedly summoned to such a case. The pulse is always a sure guide.—*New York Journal of Medicine.*

[From the Buffalo Medical and Surgical Journal.]

**Case of double Ovarian Dropsy—both Ovaries successfully removed by the large peritoneal section.**

BY E. R. PEASLEE, A. M., M. D.,

*Professor of Surgery in the Medical School in Maine.*

Professor Peaslee reports, in the American Journal of Medical Sciences for April 1851, a case in which both ovaries were successfully removed by the large peritoneal section. The length of the article precludes our inserting it in full. The tumors removed are thus described :

1st. The large mass first removed now resembles, as a whole, in form and relation of parts, (it being collapsed,) the foetal membranes enclosing the placenta—the more solid part corresponding to the latter. Its vertical diameter is twelve inches, its transverse nine and a half inches, its original form being ovoid. The enclosed portion is oval and thin, being six and a half inches by four and a half inches in diameter, and two and a half inches thick.

The external surface of the *sac* is perfectly smooth and nacreous in appearance, except two inches square on the right side, and a little less on the left, (precisely where the “friction feeling” was received,) these surfaces being covered by the recently formed bands I had ruptured in breaking up the adhesions of the sac. An epithelium, but no distinct serous membrane, can be detected by one of Chevallier’s largest microscopes. The Fallopian tube, three-sixteenths of an inch in diameter, extends to the top of the solid tumor, accompanied by a large vein, and an artery of the size of a wheat straw. The protuberance on the solid portion, felt through the abdominal walls, was a distinct sac, as was supposed, its fluid having a specific gravity of 1023, and containing, like that of the large sac, a large quantity of albumen, and scales of cholesterine. The sac itself is three-sixteenths of an inch thick.

Its *internal* surface presents several large veins, and is covered quite extensively in patches by recently exuded plasma. In general appearance it resembles a mucous membrane.

The weight of the whole mass is two pounds three ounces avoirdupois.

2nd. The *right* ovarian tumor is one and a half inch long by one and a fourth inch in diameter, consisting of a sac containing  $\frac{3}{4}$  iv. of a reddish fluid, and the proper stroma of the organ hypertrophied and indurated, and presenting a lobulated and warty appearance. Its whole weight is  $\frac{3}{4}$  x.

The following extract contains a summary of the symptoms and progress of the case of the operation :

“So far as the writer is aware, Miss G——’s case is *unique*, as far as the successful removal of both ovaries at the same time by the peritoneal section is concerned. It is also scarcely less singular for the

very slight disturbance of any kind from the operation. The *pulse* never rose above 120; never above 115 after the first twenty-four hours had elapsed, except for a few minutes on Sunday night. From Monday morning to Tuesday morning, it ranged between 93 and 114; Tuesday to Wednesday morning, between 86 and 112; Wednesday to Friday morning, between 83 and 104; Friday to Saturday morning 83 and 100. It never rose subsequently above 97, and averaged 90—about her natural pulse. The *respiration* was 26 for half an hour when reaction was first established; and uniformly 23 or 24 during the first three days. It then continued at 22, till the pulse fell to 90; and then became 20. The *reaction* also was perfect in less than five hours, and was never excessive. Indeed, the patient may almost be said to have recovered without a single bad symptom; at least without any severe symptoms peculiar to such an operation; or which might not have occurred to one of her delicacy of constitution, from even a slight cause. Hence the *medicinal* part of the after-treatment was decidedly expectant. The suppuration could not have amounted to more than  $\frac{3}{4}$  iss. in all, during recovery."

We give the concluding remarks of the distinguished operator:

"The success of the operation I attribute to the fortitude and confidence of the patient; the comparatively slight adhesion of the diseased mass; the temperature, &c. of the room at the time and subsequently; accurate coaptation of the divided abdominal walls; and the judicious after-treatment of Dr. Jarvis, seconded by the faithful attentions of the three young gentlemen before named. I am positive that as much care and skill are necessary in closing the incision properly as in performing the preceding operation.

"Whether the operation of ovariectomy is ever justifiable, is a question which would certainly be out of place here. It is the writer's opinion that, if the patient's general health is rapidly failing, (but not already too far prostrated,) and the tumor is found to be not extensively adherent, so far as all the known methods, taken *together*, can decide that question, the operation *is* justifiable; *provided* the patient, after fully understanding its nature, strongly desires to have it performed, and has strong hopes of recovery therefrom. But it is an operation never to be urged, nor to be undertaken by an operator whose care does not include the minutest particulars, both prior and subsequent to its performance, which can affect its results.

"And I cannot close without alluding to the obligations under which the medical profession in our country has been placed, by the full and precise reports of his now numerous operations for the removal of ovarian diseases, which Dr. W. L. Atlee has given from time to time in this journal. But for these, my patients might perhaps not have been rescued from an early death—for only accurate and minute reports of such cases are of any practical value to others; and this is the writer's apology for the length of this communication.

*Dart. College, Feb. 1851.*

[From the Buffalo Medical Journal.]

**Cæsarean Operation.**

PARIS, January 20, 1851.

MR. EDITOR: *Dear Sir*—I send you for publication an account of a case of Cæsarean operation, which I have just seen performed by M. Paul Dubois, in the hospital “Clinique d’Accouchments.” This operation, although far more common than in the United States, is by no means of frequent occurrence in Europe. M. Dubois, if I understood him correctly, said he had made the section eight times before.

The subject of the operation was an in-patient of the hospital: single woman, 24 years of age, primiparous, dwarfish, of rachitic constitution, nervo-bilious and lymphatic temperament, with deformed pelvis and inferior extremities. The pelvis was compressed so as to leave only  $1\frac{1}{4}$  inch in the antero-posterior diameter, which was insufficient for the delivery of the child even after embryotomy. Labor commenced at the full period of gestation, and had been progressing slowly for about six hours, the amniotic fluid having been discharged during that time. Difficulty being apprehended by the “internes” and “chef. du clinique” in attendance, M. Dubois, physician, accoucher of this hospital, was called in: after examination per vaginam, the professor, by the concurrent advice of Prof. De Paul, decided upon the necessity of the section. This was at 9 o’clock in the evening, the woman being then somewhat exhausted, and the child still living, as shewn by auscultation: the operation was, however, deferred till the next day at 10 o’clock. The patient was brought into the amphitheatre somewhat more feeble than the night before, although under the effect of anodynes and stimulants: she was laid upon her back on the operating bed, with the thighs flexed upon the body, and the shoulders raised.

The operation was commenced, (without chloroform,) by making an incision just opposite the umbilicus, and extending to the symphysis pubis, about eight inches: the first incision was made through the integuments; a small opening was then made through the peritoneum, and the incision finished by a bistoury and grooved director: the next incision was made through the walls of the uterus, about six inches long, when the child appeared in sight; it was extracted by the feet, dead; the cord was tied and the placenta extracted by the same orifice. The operation occupied about eight minutes, exclusive of dressing. The bleeding was only slight from the incision; the edges of the wound in the abdominal walls was brought into coaptation and secured by interrupted quilled sutures, the incision in the uterus being perfectly closed by its contraction; adhesive straps, charpie, a compress and bandage around the body, finished the dressing. The patient, who suffered much from pain, and was much exhausted, was removed to her ward, and allowed an anodyne and hot wine and water: she, however, was unable to rest, and reaction not taking place, she sunk rapidly, and died of collapse thirty-six hours after the operation.

This was, doubtless, a fair case for the operation, and offered the only hope of saving either the mother or child : but the time to save the child was while it was alive ; and after that was dead, the mother was too much exhausted to leave much hope of her recovery from so severe an operation ; so that the delay in the case certainly was the cause of losing one if not both lives. But as I intended only to give the details of the operation, which was skillfully performed, I shall give no opinions, but leave others to draw such conclusions, and make such reflections as they please.

Yours, respectfully,

M. M. RODGERS, M. D.

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### **Medical Practitioners in Boston.**

There are two hundred and thirteen medical men in the city belonging to the State medical society. Fifty-one are unconnected with it, acknowledging obligations to no medical association. Twenty are denominated botanic physicians, who look upon all the others as dangerous dealers in physic ; while six female physicians, quite independent of any of the rest, complete a catalogue of three hundred and fifty persons, who sustain themselves, in a population of 130,000, by prescribing and giving medicines. The number is annually increasing, notwithstanding the fact that there are too many already for their individual success in buisness.

There are 94 apothecaries and 45 druggists in Boston. The latter are presumed to be wholesale dealers. It has always been considered that a person is on the way to wealth when he trades in drugs, and we have had no intimation that it is not so at the present moment. We therefore congratulate our one hundred and thirty-nine friends and fellow-citizens on their good prospects. May they never be obliged to practice physic !—*Boston. Med. & Sur. Jour.*

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### **Death by the carelessness of an Apothecary.**

A little child of James Madison, of Somerville, died on the 3d of this month, in consequence of the carelessness of an apothecary at East Cambridge, who put up morphine instead of quinine, which was ordered in the prescription. Such fatal mistakes are getting to be too common among apothecaries, plainly shewing the necessity of some stringent regulations, by law or otherwise, that will prevent them. If the College of Pharmacy, which is just organized in this city, should take these matters into consideration, no doubt the members would suggest a remedy.—*Ib.*

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## VIRGINIA MEDICAL GAZETTE.

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[Vol. I.

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### Adynamic Peritonitis---with Cases.

BY L. B. ANDERSON, M. D., OF VERDON, HANOVER CO., VA.

In the section of country bordering on the North Anna river, in the counties of Caroline and Hanover, there has latterly prevailed to some extent an inflammatory affection, which, from the structure most uniformly affected, and the peculiar grade of arterial action accompanying it, I have thought proper to denominate "adynamic peritonitis." So distinct and dissimilar were the localities where it prevailed and the "constitution of the atmosphere" when it originated, that I can assign its origin to no sensible atmospherical influence or appreciable local agency. Whatever, however, the agent may be, it has made its impress upon many who have not been rendered so much indisposed as to require medical aid, but have been subjected to the necessity of resorting to purgative medicines to rid themselves of the malaise with which they were affected. A sense of languor and lassitude was complained of by many who were diseased to no greater extent, though constantly in attendance upon those who were laboring under its effects. Nor was the disease, when fully developed, alone confined to the peritoneum. In thirty cases, of more or less intensity, for which I have prescribed, four were complicated with pleuritis and three with arachnitis. Two of the latter class died, before medical aid could be procured, from a sudden metastasis of excitement to the brain, which occurrence was witnessed by Dr. Hey in the puerperal peritonitis of Leeds in 1808. Those cases in which pleuritis was the prominent affection progressed similarly to the uncomplicated peritonitis, and yielded to the same remedial means.

It was confined to no special class of persons, nor to those of any peculiar habit or occupation; the first cases which came under my observation being the children of a gentleman of high respectability, intelligence and wealth, whilst many occurred among those of mode-

rate circumstances, or the extremely poor. Men, women and children were alike subject to its attack, whilst most of the cases occurred in young and previously healthy men and women. The number of whites and blacks affected was about equal.

When it made its appearance no disease was prevailing in the immediate section where it occurred, save perhaps an influenza similar to that which preceded the invasion of cholera in 1849, though I have understood that typhoid fever has prevailed to some considerable extent in several neighborhoods not far distant.

In order to describe accurately and intelligibly, as well as briefly, this unusual disorder, I shall endeavor to give an aggregate of the most prominent symptoms as they were developed in a majority of the cases, and then describe the general plan of treatment adopted, with its effects; and finally, cite two or more cases in illustration of the same, concluding with a brief yet minute history of its progress in a family in my immediate vicinity, in which, of ten affected, five have ultimately died. Nor will it be without profit, as an illustration of the futility of subduing any disease, the treatment of which requires an unusual draught upon the "powers of life," unless it can be followed by constant and kind attentions to the wants of the invalid, as well as a strict observance and removal of everything which could exert an unsalutary influence over his convalescence.

The following is an accurate description of a case which occurred in the above-mentioned family, and has its counterpart in all the cases of intensity which have come under my observation, save in the peculiar condition of the tongue, which I view as an indication of no peculiar condition of any tissue or viscus, but simply as a constitutional peculiarity, well calculated to lead those astray unacquainted with the fact. For with the exception of the dryness here described, the father of this young man has a tongue exactly similar in appearance when in the enjoyment of usual health; and all the members of his family, who seem to have inherited his peculiarities of constitution, present, on an inspection of the tongue, this identical appearance whenever any aberration from a healthy condition obtains, as I have had frequent opportunities of witnessing; whilst in no case among the blacks of this family, three of the whites, or any case elsewhere, was this peculiarity presented, whilst in every other respect the symptoms were identical. I repeat, therefore, that this condition of tongue can be considered as an indication of no peculiar disease, or a peculiar affection of any organ or tissue in the animal economy.

My attention being called to a personage toiling in his field as though weary and worn, I approach, and find him to be a young man, twenty-one years of age, of medium stature, light hair, blue eyes and fair skin; his cheeks are flushed, eyes red, flesh preternaturally warm, cutis irregularly bedewed with perspiration, tongue of an unusually florid aspect throughout its whole extent, and thinly coated with a brown tenacious mucus. He feels faint and prostrate as noon approaches, and retires from his work earlier than usual. He eats his accustomed meal, though he almost incessantly experiences a sense of nausea. He says his food is as agreeable as when

he is well, and in no way oppresses his stomach. He resumes his labor immediately after dinner, and continues to act as in the forenoon till night. He then eats with a good relish his usual quantity of food for supper, retires to bed, and passes the night in disturbed and restless slumber. When he awakes in the morning he attempts to rise, but so soon as he gains the erect posture his head swims, his knees smite together, his whole person becomes agitated and tremulous, his stomach sickens and he retires to bed. On assuming the recumbent posture a sense of coldness is experienced which amounts to an indistinct chill—the immediate precursor of active fever. His face now becomes exceedingly florid and puffed, the redness and tumescence extending to his neck and chest; his eyes are red and dull; his countenance is heavy and expressive of a sense of oppression; his tongue is florid, rugose, gashy, spongy and destitute of fur, dry on the superior surface when the mouth is open, which is generally the case, but occasionally is moist when the body is bedewed with sweat; his flesh is hot, most generally dry, but occasionally bathed with perspiration. His pulse is frequent, of natural volume, and exceedingly compressible, though rebounding with some force. He is oppressed with a fullness and sense of weight in his stomach, with occasional nausea; his bowels are quiet and rather inclined to costiveness, his evacuations being thick, copious and nearly white. He complains of heat in the epigastric region, which he describes as being quite superficial, “just beneath the skin.” There is considerable tenderness over the whole abdomen, much more acute, however, in the superior portion. There is neither distension, tenesmus nor thirst, the latter being a uniform and remarkable attendant on the disease, lasting through all its phases. There is no pain experienced in any part of the system, save on pressing the abdomen. The mind is always clear, calm and composed, until the disease has reached its zenith, which was generally on the fourth or fifth day.

As the disease progresses the tongue becomes more dry, (and in this case brown, occasionally cracks and bleeds,) is protruded with difficulty unless moistened—the pulse more frequent, feeble and irregular, mounting up to 140 pulsations per minute, occasionally much higher—the mind is disturbed and agitated—there is subsultus and general tremulousness on the least muscular exertion. The urine becomes high colored and copious—the alvine discharges black, watery and exceedingly offensive—the quantity voided per diem being astonishingly great, and yet producing no sensible prostration—a circumstance often witnessed by Dr. Armstrong—the abdomen distended to some considerable extent, and very sensitive, while there are occasional involuntary emissions of urine and feces. This condition occurring within four days from the commencement of the attack, has generally subsided under the use of calomel, opium, ipecac., muriate of ammonia, turpentine epithems and epispastics within twenty-four or thirty-six hours. When the pulse lessens in frequency the mind becomes calm, the tongue moist and less florid, the urine less unnatural, the discharges from the bowels less dark and offensive, the skin more generally moist and cool, the countenance more serene, the appetite

less depraved, the abdomen insensible to ordinary pressure, whilst the patient expresses himself as relieved from all unpleasant sensations, save what would result from debility.

No one could assign the inflammation any other location than the peritoneum, for want of all local signs, other than pain, of any other disorder. "But is not," enquires an intelligent physician, "the affection a 'typhoid fever' modified to some considerable extent by the peritoneal inflammation?" Typhoid fever is a disease *sui generis*, and may, nay, frequently does exist along with inflammation, but is not dependent alone on the inflammation for its existence; and no matter with what disease it may coexist, it makes its own peculiar impression, which cannot easily be mistaken by the discriminating physician, and which, I dare say, can be more readily recognized than described. There are in typhoid fever, so far as my observation extends, and it has been by, no means limited, chills or distinct rigors, headach, or an unpleasant fullness in the head when shaken, ringing or buzzing in the ears, pain in the back and limbs, a contracted, pointed tongue, fiery red at its tip, glossy and smooth, while the greater portion is coated with a brown rough fur, with fiery red papillæ occasionally shooting through it; burning thirst,\* which though easily satiated, speedily becomes as extreme as ever—pungent heat in some portion of the system, generally on the chest and abdomen, becoming extremely *caustic* during the febrile paroxysm—morning remissions and evening exacerbations, with a dull and languid state of the intellectual faculties, and a greater or less degree of drowsiness or stupor—while in the disease under consideration there were neither chills nor distinct rigors, pain in the back nor limbs, headach nor somnolency, thirst nor any change or modification in the febrile action, until the inflammation had been fully discussed, exhibiting a marked difference between it and typhoid fever. But when the progress of the disease is known, the effect of remedial agents related, and the *post mortem* appearances of the abdominal viscera described, no one can hesitate for a moment to decide that this affection is in no way associated with or modified by typhoid fever. In illustration of which I report the following cases:

On Monday, 26th day of April last, I was called at 9 o'clock at night to see E—— C—— of Caroline, a lovely little boy, two years of age. Being occasionally indisposed for an hour or two at a time for the two days preceding my visit, but little attention was given to the indisposition which commenced at 11 o'clock on that day, until some time during the afternoon. He complained of sick stomach, great abdominal uneasiness, had a high fever, flushed face, red eyes, &c., presenting to a considerable extent all the symptoms recorded in the general description of the disease, save those resulting from constitutional peculiarities. Having taken no medicine, I directed a dessertspoonful of oil, with 5 grs. of calomel and four drops of laudanum, to be administered at once, hot bran poultices to be kept constantly on the abdomen, and the operation of the medicine promoted by enemata. Being compelled to attend Caroline court on the following day, as a witness in a medico-legal case, I returned home with

\* This is by no means an invariable attendant on the disease, but frequently observed.

the promise that my father, Dr. Thos. B. Anderson of Caroline, should see him early the next morning. On my return from court, I learned that the medicine operated effectually early in the night, from which he apparently derived much benefit. But just before day he became more restless, feverish and delirious, and violent convulsions rapidly ensuing, his existence was terminated before the arrival of my father.

A little sister of his, four years old, was similarly affected on the following day, less violently however, and was relieved in a short time. The next case was an older brother of these, who was similarly affected, save in the intensity of the abdominal pain, it being much less in his than the preceding cases. He was actively treated for three days with calomel, opium, ipecac. and chlorate of potassa, when the inflammation lighting up in the fleura, rendered it necessary to apply a blister. The pain was relieved thereby, but the febrile excitement on the following day being still higher, and his pulse more firm, venesection was resorted to with marked and decided benefit. On the decline of fever, which occurred during the night of the bleeding, he became extremely debilitated, and required for several days constant attention to prevent collapse. From this time his recovery was slow, but uninterrupted.

In the family of the father of these children there were several cases among the blacks, three of whom were extremely ill. One, a girl fourteen years old, was taken with this disease after a few days of indisposition, and immediately took an active dose of calomel and oil, and had an epispastic applied on the chest, for the relief of pain she experienced therein. Being no better, I was summoned to see her on the following day, May 23d. On my arrival she was complaining of sick stomach and great debility, and was occupying the position of one laboring under puerperal peritonitis, from which she could not be induced to change. Her flesh was hot, pulse frequent and feeble, tongue dry and rather inclined to be florid, pain in the abdomen quite intense, &c. A pill, composed of two grs. of calomel, one of ipecac. and two of Dover's powder, was administered, with four grs. of nitrate of potassa in solution, once in three hours, and a large blister, enveloping the whole abdomen, applied. During the drawing of the blister the abdominal pain was relieved, and an active pleurisy developed. I directed on the following day the blistered surface on the thorax to be denuded, and another plaster of cantharides applied thereon—the pills and nitre to be continued during the night, and a tablespoonful of oil and a drachm of turpentine to be administered early on the following morning. The latter medicine acted freely on her bowels prior to my visit the next day, bringing away a large quantity of black, oily and exceedingly offensive matter. The inflammation being discussed, and the fever subdued by these means, snakeroot tea and camphor were prescribed, under the use of which she gradually recovered.

On June 7th I saw Mrs. P., to whom my father had paid two visits during my sickness, from which I had just recovered. Her situation, as described by him, was similar to the cases above related, with a striking development of the peritoneal inflammation. Mrs. P. is a

married lady, twenty-one years of age, very delicate, the mother of one child six months old—she had taken for two days prior to my visit, once in three hours, a pill composed of hydrarg. cum creta ii. grs., pillule coenul. i. gr., ipecac. i. gr., and pulv. Dov. ii. grs., and iv. grs. of nit. potass. in solution at same time. They had produced no effect on her stomach or bowels, but she was suffering much less with the pain in her abdomen, and there was much less heat of flesh than previously. The pills were continued, as also the nitre, and hot applications to the abdomen, a statement of the use of which I omitted above. On the following day I found her decidedly under the influence of mercury, and, which is very unusual, when pyalism exerts a beneficial influence, her pulse being much more frequent than it had previously been, being now more than 160 pulsations per minute. Yet her flesh was cool, abdomen soft, though her bowels had not been opened in forty-eight hours, urine copious and clear, countenance calm and serene, tongue clear and moist. Her bowels were opened with  $\frac{3}{4}$  ss. of castor oil and 3 i. of oil of turpentine. After its operation, which was very copious, she took a few drops of laudanum, which soothed and quieted her whole system, checked her bowels, and lessened her pulse probably 40 strokes per minute. From this time forward she continued to improve, but very slowly, as in the foregoing cases. I was consulted a month after I last saw her, concerning an oedema of the lower extremities, which yielded under the use of elder bark tea and mild aperients. She is now enjoying good health.

J. H., the young man whose case has been reported in full in the description of the general character of the disease, was taken, at or near the same time that Mrs. P. was, in identically the same way; though similarly treated, was brought unexpectedly under the influence of mercury at the same time, convalesced for two weeks much more rapidly, was enabled to sit up all day, and walk from house to house—while she was yet confined to her bed. And though she has been well for two months, he is at this time (10th September) in quite a critical situation, having had a relapse within two weeks from the commencement of his convalescence, and since then has relapsed four different times from the use of improper articles of diet.

A negro man twenty years of age, the servant of Mr. H. of this county, (the father of the young man above mentioned,) had peritonitis in a very active form. He was put on the use of the calomel, ipecac. and Dov. powder pills already mentioned, and turpentine epithems to the abdomen. The pills operated freely on his bowels from the first, bringing away large quantities of dark, offensive matter; and though laudanum was frequently directed to be given to arrest the catharsis, it was never administered, and he was actively purged for four consecutive days, with the effect of completely subduing the disease and establishing convalescence. And though he was reduced well nigh to collapse by the long continued and excessive purgation, yet his convalescence was more rapid than any case I have attended.

M. H. of Hanover, a young, healthy, athletic man, twenty years of age, was taken with peritonitis on 27th of May. The symptoms

were similar to those accompanying the disease in the case of his brother already described, with, however, a more incompressible pulse than in any other case. He took, within six hours from the incipency of the fever, xx. grains of calomel, ii. grains of gamboge, and iv. grains of ipecac. It operated only once in twenty-four hours, but then very largely, without producing any impression at all on his pulse or the disease. I bled him on the day following his attack to syncope, which followed the withdrawal of only a pint of blood. He was then directed to take a pill, as above described, every two hours, with five grains of muriate of ammonia in solution, and a large epispastic was applied on the abdomen. No pain was experienced after the drawing of the plaster, and the fever gradually declined under the use of the pills and ammonia, and in five days from the onset of the disease he was convalescing. From some imprudence in diet, however, he had a slight return of the disease a few days after, which was relieved again by the same means. He improved after this so far as to be able to walk across his room and sit up for an hour or two at a time with no inconvenience; but being subjected to the necessity of using the same articles of diet which produced a relapse in his brother, he was taken with a high fever and a return of the peritoneal disease on the same day with him. Wishing if possible to bring him under the influence of mercury, he was directed to use the calomel pills and ammonia, as previously directed; but having been so long diseased and debilitated, I soon discovered that the cachectic predisposition which now obtained precluded the possibility of an attainment of my object. The mercury was stopped, and ipecac. in as large quantities as his stomach would bear, with a sufficiency of opium to soothe irritation, and rhubarb to prevent costiveness, were prescribed instead, and a thick pad of flannel, thoroughly saturated with turpentine, bound on his abdomen, and his bowels freely evacuated every other day, with half ounce of oil and two drachms of turpentine in gum mucilage. After the administration of each dose of turpentine there was a marked improvement in his condition, until he no longer had aught to contend with but debility and the distressingly wretched circumstances by which he was surrounded. He improved slowly but perceptibly for four weeks, and finally succumbed to the operation of causes hereinafter to be mentioned, without fever or the slightest functional derangement.

A little girl, sister of these young men, twelve years of age, had been affected with pain and tenderness in the abdomen, and an exceedingly high fever for five days, when I saw her. Her flesh was hot and dry, pulse frequent and feeble, tongue red and dry, abdomen tender and tympanitic, bowels costive, and stomach nauseated; she had taken but little medicine, and had emaciated rapidly. She was freely cupped over the epigastrium, and a turpentine epithem immediately applied, the combination of calomel, &c. with spirits nitre prescribed, and oil and turpentine directed to be given on the morning of the second day. On my arrival I found her in a very distressing situation; suffice it to say, she presented all the usual indications of incipient mortification. A large blister was drawn on the abdomen,

and camphor and spirits nitre administered internally, and I must say with no hope of benefit. Returning at night to see her, I found her in a state of unconsciousness, and muttering delirium, incessant subsultus, sighing, groaning and jactitation, with a pulse so frequent and feeble it could not be numbered. Alcohol, ammonia, camphor, opium, &c. &c. were administered for six hours with but little intermission, but without an apparent effect on the pulse. Involuntary evacuations were pouring from the bowels with such profusion as to render it certain that without a great and almost miraculous change in her condition in a short time death must inevitably ensue. Oil of turpentine in two drachm doses, suspended in gum water, was given every hour until an ounce was administered, with the happy effect of quieting the bowels, restoring the circulation to the extremities and composing both body and mind. For a week from this time she used ten drops of turpentine every two hours with the most happy and beneficial results, and in ten days from my second visit she was able to sit up in bed and partake of nourishment without assistance. Being prevented by severe indisposition from seeing her again for five days, I was subjected on my return to the chagrin and mortification of finding my patient in a relapse, and surrounded by agents and circumstances the most distressing imaginable. From this time for nearly four weeks her condition was very fluctuating; frequently for four or five days together she would be free from fever and in an improving condition, but so soon as the condition of others presented higher claims for attention than she, she would be neglected, and consequently relapse; and finally, after a protracted illness of forty-five days, her case terminated fatally.

There were four others at that time in this family extremely ill. One had had peritonitis in a sub-acute form for a month prior to his confinement, but could not be prevailed on to use anything for his relief. He was treated, as were the other cases, with a relief of all symptoms of disease, but a "tight, drawing sensation" in the gastro-umbilical region. His convalescence from this time, 1st of July, was uninterrupted for ten days; and on the 10th of July, through the untiring and assiduous attentions of the Sons of Temperance, they were all placed in such comfortable situations that there was no one in the eight cases in this family who was not in a convalescing condition. Unfortunately, however, F. H., who had been more recently sick, and who had been improving rapidly for several days, being anxious to promote his convalescence, determined to try the merits of a few cups of *rich soup* and a hearty meal of *morella cherries*, the effect of which was to produce a wasting diarrhoea, which, prior to my seeing him, had so impaired the functions of the abdominal organs as to preclude the possibility of finding any agent which would lie on his stomach a minute at a time. A pellet of ice, an opium pill, a draught of mint julep, or any article of the various classes of medicines recommended for such a condition, were rejected instantly, or violent efforts to eject them would be continued until they were expelled. Sinapisms, epispastics, (vesicatoires volants,) camphorated oil, &c., were all externally applied, with no effect. He died within forty-eight hours from the act of imprudence.

The effect of the death of this young man on his two brothers, whose cases have last been described, was truly astonishing. Having seen him succumb so rapidly, after such flattering prospects of recovery, despairing of all hope of a restoration to health themselves, they refused to partake of a sufficiency of nourishment to sustain the sinking powers of life, and died within 24 hours of each other, without the development of a symptom indicating either the existence of fever or disease. A partial *post mortem* examination of the one who was described as laboring, during the period in which he was convalescing, under a peculiar *drawing sensation* in the region of the stomach, was made, the result of which was as follows:—The stomach was filled with fluid, which had been drunk with avidity just prior to his death; it was healthy throughout, save a small spot as large as a dollar on the left and lower extremity, which was a discoloration and thickening of the peritoneal coat, the result apparently of recent inflammation of a high grade, a remnant of which still remained. The intestines, so far as I could perceive, were healthy. The omentum major was adhering to the peritoneal coat of the small intestines by a strong union three inches in diameter—there were small spots of inflammation in various portions of the omentum major, but none elsewhere. The gastric and hepatic reflections of that membrane were considerably thickened in many portions, and presented an appearance not unlike a fibrous membrane. There was no fluid in its cavity, but a viscid, adhesive matter, (probably lymph,) effecting partial attachments between the opposing surfaces of the peritoneum. It were useless almost to say, that it is much to be regretted that *circumstances* precluded the possibility of going farther into the examination, or of effecting at all perfectly that which was made.

Since writing the above, the mother of this family of children has died, in the *sixth relapse*, after a confinement to bed of one hundred days and six hours. The period which elapsed between the origin of the disease and the deaths of the above cases, was, in M. H. fifty-nine days, F. H. forty-four, and H. L. H. fifty-three—while a young lady, sister of these, is just recovering from a fifth relapse, after a confinement, almost constantly, the whole time to bed, of one hundred and thirty-two days.

Such mortality I have never witnessed before, but such trying circumstances to contend with I have never seen. At one time, during the hottest weather in June, there lay in one small room but slightly elevated, with only one window and a door, five young men, in a perfectly helpless condition, for many days together. No neighbor could be induced to assist me in nursing them, although I believed and affirmed *that the disease was not infectious*. And had it not been for the kindness of a few young men, most of whom were not even acquainted with them, they *all* must have died. An older brother, who lived some distance off, assisted me for a few days in attending to his mother, brothers and sisters, but was taken sick, as I understand through a third person, with the same disease, and died.

As would be inferred from the description already given of this affection, the first aberration from a healthy condition was indicated

by the impaired functions of the liver and kidneys. The secretion of bile was almost entirely suspended prior to any manifestation of inflammatory action. And when no other means were used to subdue peritoneal inflammation, but such as were calculated to promote the functions of those organs, so soon as that object was attained, there was a marked diminution of suffering and decline of inflammation. And it was never the case, when a bilious diarrhoea could be established by the free use of mercury, that with each evacuation there was not a decided impression made on the disease. And when, from frequent relapses, mercury could no longer be used, I was delighted with the magical effect of oil of turpentine, freely used externally and per orem. And though the most distressing mortality has visited this family, yet in no cases I have ever treated have I seen more reason to be proud of the glorious achievements of our art, in again and again subduing a most violent disease, against the greatest odds, and under the most unfavorable circumstances I have ever witnessed.

The labor as well as the circumstances attending the practice of medicine in the country, as also the almost entire consumption of my time at present in the active duties of my profession, will, I hope, be a sufficient excuse for this very badly executed *portrait* of ADYNAMIC PERITONITIS.

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### Prophylaxis of Puerperal Peritonitis.

BY G. A. WILSON, M. D., OF RICHMOND CITY.

I furnished for the August No. of the *Stethoscope* a short essay on the prophylaxis of puerperal peritonitis. That essay was called forth by, and designed to be, a protest against what was deemed a very unwise general rule of practice, as recommended in the paper of Dr. J. P. Mettauer on the same subject. I did not enter into a critical analysis of the doctor's paper, because I hoped that a simple enunciation (with a few suggestive ideas) of the bald proposition, that ALL parturient females must be purged in a few hours after delivery, would answer the only end I had in view, viz. to cause the unwary to pause before adopting any such sweeping and general practical rule.

But Dr. M.'s rejoinder demands farther notice. The subject is one confessedly of great importance. If any single rule of practice is applicable to ALL cases of ALL parturient women—surely founded on sound principles, simple and safe in its application, even promotive of general well-being and comfort—such a rule should be uniformly practised by all having charge of such cases. But how greatly is its importance enhanced, when we are told that its “invariable” adoption checks in its inception, or wards off the assaults of puerperal fever—a malady that, from the days of Rachael, wife of the patriarch, to the present, has numbered its hecatombs of victims, and still carries to the grave more than half the whole number assailed, despite the skillful appliance of all the resources of our art.

Pregnancy and parturition are physiological acts and not pathological states, and yet it will be conceded that their phenomena are the predisposing causes to many diseases of the puerperal period. Besides their local effects on particular organs, the whole nervous sentient system is left in a condition very impressible by morbid causes.

An attempt to explain how these phenomena operate as predisposing causes may not be demanded by the practical reader. But a correct appreciation of Dr. Mettauer's pathology and practical deductions calls for a short consideration of this branch of the subject. In his first essay he says, "After pregnancy and parturition, the uterus and its appendages, the peritonium and abdominal organs generally, are left in a state of inaction, debility, and to a certain extent are collapsed. Whilst in this state the functional exercises of the implicated organs are more or less disturbed, perverted, or perhaps suspended—and it is this state, which, if profoundly impressed on organs, or too long continued, that predisposes to puerperal inflammation or fever. Other causes may co-operate in some cases with this post-parturient collapse, such as contagion, &c. But the debility and inaction of organs concerned in pregnancy, and consequent perverted secretion, seem to be the intimate predisposing pathological condition of the disease."

It is not very easy to seize upon the exact idea designed to be conveyed in the above very vague phraseology. That he wishes to communicate his belief that the uterus, peritoneum and abdominal organs generally are in a state of debility and inaction, is clear enough; but I am at a loss to conjecture what he means by saying, "that the functional exercises of the implicated organs are more or less disturbed, perverted or suspended."

What functional exercise would he have the uterus to perform? It has undergone the progressive developments, nervous and vascular, of the pregnant state, at the expense of a generally exalted vitality. It has just discharged its great function. Fatigued by its own convulsive efforts, and having nearly exhausted the entire nerve power of the system, it certainly is almost inactive as to its functions, and ought to be at rest. But yet an active work is going on in its tissues. In a short time it passes from the gravid to the non-gravid state; is diminished in weight from a pound and a half to the normal average of two ounces. Its structure is powerfully condensed and condensing—diminishing the calibre of nerves and blood vessels—refusing admittance to the torrents of blood, which in increasing quantities have been directed thither for nine months, and which are now directed into other channels.

Now I ask again, What are the natural functional exercises of this organ, which in Dr. Mettauer's opinion have been so "disturbed, perverted or suspended," as to be predisposing causes of child-bed fever, and which he rectifies by the agency of "impressive and secernent" purgation. Surely he cannot refer to the lochial discharge which exudes from the vessels left patulous by the removal of the placenta, and which usually continues until the organ has resumed its non-gravid state. Its arrest is usually the effect of peritonitis, not its

cause. Its presence or absence, its quality or quantity, having no relation as cause of child-bed fever, unless indeed Dr. M.'s purging should provoke excessive absorption, and thus furnish a medium for putrid infection. But the peritoneum is next to the uterus and its appendages in degree of implication in the processes of pregnancy and parturition. What are its natural functional exercises? To facilitate motion, and afford attachments for the organs it invests. The parturient act, by removing the cause of distension and displacement of this tissue, promotes its functional exercises. If it is maintained that its serous exhalations are disturbed or suspended, then is it not unwise to provoke irritating friction of dry surfaces by an artificial excitement of peristaltic motion? But Dr. Mettauer embraces "the abdominal organs generally" in his theory of predisposing causation. The nutritive functions are the great offices of these organs. They receive and prepare foreign substance to become vitalized fluids for the reproduction of tissues, and excrete what no longer contributes to the purposes of life. During pregnancy their functions are performed with increased energy to meet the wants of a new being. The biliary and renal secretions are carried on with corresponding energy. It is true the bowels are often constipated, but this is the result of mechanical pressure, in the latter stages.

I will not do Dr. M. the injustice to insinuate that fecal accumulations, the ghosts of old fashioned scybalæ, haunted his visions when he penned his article, although the treatment he inculcates so naturally suggests the idea.

So much for the doctor's pathology, as deducible from his first essay. In his second he is more copious and explicit, and, we are glad to say, rather more lucid. He here says, "The state of the organs concerned in gestation and labor after delivery is compounded of hypertrophy, congestion, disturbed innervation, absorption, secretion, exhaustion and traumatic irritation."—"These constitute a pathological state predisposing to puerperal fever." He goes on to illustrate by an analogy of "ascitic dropsy." After having tapped his patient, and reduced his abdominal proportions to a state of collapse, (I suppose he uses the word in a mechanical sense,) he says, "the chances would be very adverse to recovery, if left only with the support of the bandage and rest." The patient must be purged—and for what? The reader will perceive the pertinency of the illustration, by recollecting the true point of controversy between Dr. Mettauer and myself. It is, as to the safety and efficacy of "impressive and secernent purgation" immediately after delivery, as a prophylactic of puerperal peritonitis.

Would Dr. M. prescribe a purgative for such an ascitic patient, with the view of thereby preventing peritoneal inflammation? When given under such circumstances, is it not rather to second the design of the operation, still farther get rid of the fluid and prevent its reformation by exciting increased absorption, and, if possible, overcoming the obstruction in the portal circulation, the usual cause of the disease. He says, "it is the only efficient remedy likely to restore the organs to their proper anatomical and physiological con-

ditions; by which I suppose he means that it will arouse from this collapsed state, and cure the flaccidity and relaxation, on what principle I know not, unless it is, that muscular tissues contract on being roughly used. But Dr. M. still farther develops his views, by stating that the "uterus and its appendages are greatly thickened, expanded and enlarged;" and he asks, "What treatment is more appropriate for hypertrophy of the abdominal organs than purging?" Are we to understand Dr. M. as maintaining that the increase in the uterine mass, commencing with conception and progressing until the full term, is a diseased product, demanding the interference of art for its removal? In almost the next sentence he says, "During pregnancy we have disease of the uterus and its appendages and the contiguous organs; after parturition that state continues, and demands treatment like other diseases." A doctrine so monstrous needs no other comment than marks of special annotation. From the moment of conception diseased action commences, a veritable diseased product is accumulating in the tissues of the womb, requiring the intelligent, uniform and efficient interference of art!

The organ is "hypertrophied, congested, with disturbed innervation, and traumatic irritations." Wonder that Dr. Mettauer should be willing to risk the convulsive, agonizing, long-continued throes of this *diseased* organ for the expulsion of its contents! Why not step forward, in the exuberance of his resources, and complete the work, finish the labor, as soon as nature gives unmistakable evidence of readiness for expulsive efforts and his aid? In my humble judgment, he would be as much within the province of legitimate duty as when, under the guidance of his notions of pregnancy as a disease, he administers an "impressive secernent" purge, "even before the secundines are delivered," with the view of removing hypertrophy. Verily, medical science is making rapid strides, and man's power greatly magnified. No wonder Dr. M. describes in the distance the period when, by means of this progress, the "days of our years" shall be extended to patriarchal length! But let us come more closely to the discussion of the real practical issues between us. By reference to Dr. Mettauer's first paper, it will be perceived that he recommends purgation in all and every case of delivery. It must be practised in a few hours after the parturient act; in what he conceives to be threatening cases, "the sooner the better, even before the delivery of the secundines." His purgation is not the cautious removal of fecal matter by laxative or lavement, after a sufficient interval of rest, and when new movements are about to take place in the mammary glands. No; his purgation is "impressive and secernent." His indications of practice are not derivable from the special features or general complexion of a particular case; no, the woman has had a child and must therefore be purged, the hypertrophied womb must be taken down! Pregnancy and parturition are invariably true pathological causes and states. Under all varieties of female constitution and the action of all adventitious circumstances, their effects are uniform and require the same medication. Is the patient plethoric and inflammatory? She must be purged. Is she pale, bloodless, hysterical, neuralgic, morbidly sensitive to

every moral emotion, almost exhausted from fatigue, (and they sometimes die outright from the nervous shock?) Is she harassed by tenesmic efforts excited by rectal prolapsus or hæmorrhoids? Still the same inexorable purge. Or is she like some of the doctor's naughty, refractory patients, who "feel so well" that they can't resist their repugnance to physic, unless convinced of its necessity? Still she must be purged. I ask the careful reader if this is not a fair representation of Dr. Mettauer's teaching? But his special directions are not less liable to just animadversion. He says, "purging will be demanded in a few hours after delivery, when parturition has been protracted and attended with great suffering." No matter whether the delay has been occasioned by rigidity of the soft parts or contracted pelvis, or general constitutional or specially feeble uterine action: "If the latter stages of pregnancy have been distinguished by any symptoms which indicate a morbidly impressible state of the uterus and contiguous organs." The uterus may be morbidly impressible in states of the system the very antipodes of each other: "If the last month is attended with any undue restlessness, uneasiness or tenderness of the abdominal walls, any disorder of the digestive function or bowels, or any symptom of unusual irritation." Now, all these symptoms are well known to depend upon a variety of causes requiring discrimination for their removal. But again, "if the liquor amnii is preternaturally warm or cool"—very different states; especially "has considerable hæmorrhage taken place." Under all the above contingencies Dr. Mettauer directs the patients to be "impressively, secretly purged"—promptly, "even before the delivery of the secundines." Purge! purge! purge! It is the great catholicon. It meets all wants, answers the most opposite ends, over-rides all counter-indications. Help the pills along with "purgative enemata every hour." If the first dose fail, "repeat and continue the treatment until every threatening symptom disappears." This is what may be called "taking a patient through a course." "Purging in all cases of delivery"—

"It's good for hot, it's good for cold,  
It's good for everybody, O!"

I can hardly think that Dr. Mettauer will claim that there is any specially harmonizing relation between his particular combination of aloes, scammony, calomel and ipecac. and the organs of a puerperal woman. We all have our notions or conceits about these minor matters, and seldom dignify them with much importance.

But it is necessary to say something of my own paper, as published in the August Number of the *Stethoscope*. After some general remarks on prophylaxis, I dissented from Dr. M.'s purging views, and introduced an abstract of two cases which occurred in my practice some twelve or fourteen years since, in which the administration of Epsom salts and oil, some twenty or thirty hours after delivery, and when the patients appeared to be doing perfectly well, were followed by hypercatharsis and the prompt development of peritonitis, which speedily ran to a fatal termination. I premised the introduction of the cases by the statement, that my subsequent experience had sus-

tained the practical lessons taught by those cases, and yet the doctor represents me as being guilty of the egregious folly of founding a general rule on two observations. It is himself that would practise physic by a rule and recipes—not me. This is my complaint against him. I did express preference for “rest and quietude,” if any general rule *must* be laid down, believing that it would suit a larger number of cases than his purging notions. Neither have I ever occupied the absurd position, which he generously awards me, of maintaining that the condition of the organs after delivery is simply that of fatigue. I believe the phenomena of parturition and pregnancy constitute predisposing causes of child-bed fever—aye, that the uterus is hypertrophied, congested, in a state of traumatic irritation, and yet insist, that on the soundest principles I can advocate profound repose for sixty or seventy hours after delivery as the state most favorable to the return of organs to their non-gravid conditions, and as the state in which they are the least likely to be morbidly impressed by accidental causes or epidemic influences. Often have I witnessed the charming effects of opiates under such circumstances, where rest could not be procured without them.

But need I discourse farther of the value of rest as a curative means to an old surgeon? How many diseases now incurable might be relieved if we could suspend the functional exercises of organs, and give a favorable state for reparation. Rest is nature’s great therapeutic agent. It is pointed to by every law of our organized being. It has been made the subject of special revelation from Heaven.

When our faculties are jaded by over exertion, until every member is sick and sore, how natural, how grateful, how common-sensed the remedy.

*Nature keeps* the bowels of her puerperal patients at rest. It is in unison with the laws she has impressed on our organized being. “Man would do well to imitate her example.”

But if Dr. M. wishes to deplete his puerperal patients, why insist upon doing it only by purgation? General and local blood letting are at his service, to be graduated by his discretion, and subject to his control. Why ruthlessly revulse upon some thirty feet of mucous membrane without ability to pre-estimate the effects, or check action at his bidding?

But here I must meet the argument he deduces from the treatment of colic. He asks, “if any judicious practitioner would be afraid to purge in this disease, after the spasm has subsided, for fear of harassing fatigued organs and exciting inflammation?” Certainly not. But what is the object of purgation in this case? Is it to deplete the intestinal vessels, or revulse from a focus of irritation, and thus ward off inflammation? Is not the purgation designed to remove the acrid, offending ingesta, which first excited spasm? Would Dr. Mettauer still purge if he had indubitable evidence that the whole offending matter had passed off by its own irritating action?

Here again, the ghost of something in the bowels, to be purged off as a cause of child-bed fever, presents itself in his reasonings. All his illustrations point this way. If he means to assert that fecal mat-

ter is the cause of child-bed fever, let him say so, and the proposition shall be considered.

But is the Dr. sustained in his purging notions by the analogy of kindred states, even in his own speciality, surgery. He did not like my illustration of the propriety of rest in the endangered knee joint. In Lithotomy and the Cæsarean section the great danger is from peritoneal inflammation. Would he put his "impressive, secernent, revulsive" practice in action here. In wounds, contusions, injuries of the abdomen endangering peritoneal inflammation, what are the prophylactic teachings of the great masters? Not (according to my reading of them) to purge, but "*quietude of body and bowels.*"—"Purging is out of the question." Opium is the remedy, conjoined with blood letting. If the Dr. teaches any other doctrine, are we not justified in regarding him as a *pathological* specimen of medical opinion.

But after all, is there really any danger in "impressive" purgation shortly after delivery. Is it all an idle phantom in Dr. Mettauer's YOUNG friend, Dr. Wilson? I wish we were both younger. But error may be chronic as well as acute—and it is not at all beyond the range of possibility, that Dr. Wilson's observations of this particular class of cases, though not extending through so long a term of years, may be quite as numerous and accurately noted as Dr. Mettauer's.

But to the testimony. What say authorities on this head? What are the teachings of Dewees and Meigs, the heads of American obstetrics. The former says "on the third day after delivery, *if the bowels have not been previously moved*, the woman should take some mild purge." Dr. Meigs testifies that "an accoucheur does not like his patient to be disturbed by a dose of physic, or even a common aperient enema for **AT LEAST** the two first days of lying in." Says he, "it is not good practice to excite perturbations in the economy of a woman who has just gone through the pain and excitement of labor. Such a person requires a long and profound repose of the organs and organisms, as well as of the spirit itself, for which all sorts of complacencies should be provided. A dose of cathartic medicine, administered within 24 hours, is sufficient in some instances to call up movements that it would be far wiser to leave uncalled. Wake not the sleeping lion—attacks of engorgement and inflammation have, I am sure, followed the intempestive operation of purgative medicines, administered by imprudent and assuming nurses. It is time enough, under all ordinary circumstances, to cause the bowels to be moved once or twice after the lapse of from 60 to 72 hours; and the woman ought not to be disturbed with any kind of physic for at least this length of time after delivery. An aperient ought to be selected, not a purgative. The patient is not sick—she does not want physic—her bowels are lazy, and merely require to be roused a little. To procure this end, select some article that you can depend on—not magnesia, or Epsom salts, or senna, or rhubarb, because they bring on purging, if you give a sufficient dose to secure action. Castor oil is most reliable. In ten cases of women just confined, a dessertspoonful of oil will be sufficient for nine, and the tenth can repeat, if she chooses. I advise you to follow this method, and I confidently advise you in this way, because "*haud*

*inexpertus loquor.*" "Neither my friend, Dr. Samuel Jackson, nor I would consent to give a woman a tablespoonful of oil under such circumstances. Dr. Jackson is good authority in matters of therapeutics." Such is the emphatic testimony of the experienced Prof. Meigs. But Dr. Lee is at the head of the English faculty in this department. What are his opinions? He says, "A puerperal woman ought to be as careful of exposing herself and of any imprudence as an individual who is recovering from an attack of continued fever or inflammation of some important organ. I (says he) am an advocate for an opiate after delivery, to soothe the nervous system if much excited by severe and protracted suffering. If opium be useful in tranquilizing the nervous system and preserving it from febrile irritation after extensive wounds of the large cavities, surely it cannot but be beneficial after delivery, and can do no harm, particularly if combined with a diaphoretic. Where labor has been severe and inflammation is dreaded, it is not only useful to administer a sufficient quantity of an anodyne to quiet the system, but for a day or two to give small doses of Dover's powder to subdue irritation and promote perspiration." Churchill says, "intestinal irritation may certainly be propagated to the neighboring tissues, and under the influence of an epidemic, originate puerperal fever. Rest and quiet are *the best and only necessary* restoratives." But there is no need of farther multiplying authorities. Neither Collins, or Colambat, or Velpeau, or Cazeaux, sympathize in Dr. Mettauer's dread of rest, or can be fairly construed into sanctioning his "rule of purging in all cases."

Backed as I am by such reasonings, and authorities that can number their hundreds and thousands of observations to Doctor Mettauer's sixty-two or my "*two*," may I not plead justification to the soft impeachment he says I have preferred against him, "of inculcating a rash and dangerous practice?"

But I must here acknowledge the doctor's respectful consideration, in not venturing "to insinuate that Dr. Wilson is incapable of distinguishing disease from fatigue in lying-in women." I might give him some credit for sincerity in the premises, if he had not, in the next breath, broadly intimated that I had'nt sagacity to distinguish strumous diarrhoea from puerperal fever. But ought not Dr. Mettauer's knowledge of the fact that strumous diarrhoea does occasionally occur in the puerperal period, drive him from his "invariable rule?" But he may maintain that his vaunted recipes for "impressive, revulsive, secernent, tranquilizing" purgation, are the best treatment for strumous diarrhoea.

But how are we to dispose of Dr. M.'s sixty-two puerperal cases, in which he instituted his practice, "without the semblance of injury?" The annals of medicine furnish many similar instances of *fortunate escapes*. The human constitution sometimes exhibits wonderful power in resisting the causes of disease, and the well-meant but mistaken efforts at aid. The doctor should congratulate himself on his good luck, unless, indeed, he considers his own individual observations as of more value than those of the distinguished names I have mentioned.

But we have yet to consider the efficacy of early purging as a preventive of child-bed fever, and the real confidence to which it is entitled as a prophylactic.

Dr. Mettauer is mistaken in supposing that he has introduced an "innovation" (as he says in both his essays) in the prophylaxis of this disease. Dr. Gordon introduced the practice in the great epidemic that prevailed at Aberdeen in 1789 to 1792. He gave a "purging bolus of calomel and jalap," and bestowed on it high encomiums as a preventive measure. Dr. Hey imitated his practice. He says, "in every case of accouchment it was my practice to give the purgative, which, if it did not prevent the disease, afforded some advantage in the cure." But mark—Hey subsequently admits, "that some of the worst cases in his practice occurred after an excessive operation of the purgative." Cotemporary writers testify that this much-vaunted preventive did not arrest the epidemic or diminish the number of seizures; and Gordon and Hey kept their hands full of *child-bed* fever patients, after the discovery of the prophylactic. The judicious Dewees, after carefully weighing all the evidences in its favor, says, "I very much doubt if it *ever* prevented the disease."

But Dr. Mettauer purges sixty-two puerperal females, in compliance with his "invariable rule" to purge all. None of them have the disease—therefore, purging prevents puerperal fever. All his cases, too, are drawn from a region of country in which "not a solitary case could be traced to contagion, and which, it is well known, in comparison to cities and hospitals, is but little liable to epidemics. I have had charge of some hundreds of puerperal females in the course of my life. It has so happened that I have never had a case of puerperal mania amongst them. I always direct my patients to keep in bed nine days at least; therefore, keeping in bed nine days will prevent puerperal mania. Is not the conclusion as pertinent in the one case as the other?

What evidence has Dr. M. that a single one of his cases would have had the disease without his purge? Drs. Lee and Meigs recommend rest for some sixty hours after delivery. If I wished to establish the opposite rule to Dr. M.'s, might I not parade the hundreds and thousands of cases undergoing their regimen and escaping the disease, as proofs that *rest* is the true preventive? But I desire to establish no rule, but be guided by the exigencies of each particular case. Sometimes I would even purge. The lesser danger must be sunk in the greater hazard. John Wesley, in his "Primitive Physic," says, "For the bite of a mad dog plunge into cold water daily for twenty days, and keep under as long as possible. This," he adds, "has cured the diseases after the hydrophobia has begun;" from which we infer that it usually cured before the disease existed. May not Doctor Mettauer, in like manner, have prevented what never would have occurred? Now, in view of all these things, I ask the reader who has examined our positions, if I have done Dr. M. any injustice in charging him with an "attempt at too great generalization in practical medicine?" If I can be satisfied that the affirmative is the general judgment, I will make him the neatest apology in my

power. In conclusion, I desire to reciprocate Doctor Mettauer's expression of good feeling and disclaimer of "personal unkindness." How could it be otherwise between us? We only strike for truth; if anything savors of vehemence, set it down to her stern behests. I should not thus closely have examined his papers, but that he is a teacher of youth. Seldom have I read essays in which I could find so little to approve. There is one recommendation, however, which meets my cordial approbation; this is, the "*pine-top* tea." If not given in over-portions, and nature is permitted to have a fair chance, I believe she will perform her great functions successfully and happily.

*Richmond, 11th Oct. 1851.*

### **A Case of Morbid Adhesion of the Placenta.**

GRANVILLE COUNTY, N. C.

This communication is not intended to offer any new principle or new mode of practice to the profession, but simply to report one of the anomalies we occasionally meet with in practice.

July 23d, 1850, I was called to see a free mulatto woman, *ætat.* about 30 years, for morbid adhesion of the placenta, after she had been delivered of a healthy child by a midwife. On my arrival I found the placenta discharged, but still adhering by its periphery to a fibrous band about two and a half inches wide and three quarters of an inch through its centre, tapering off to either edge thinner, and was some six or seven inches long. I went to work and detached the placenta; after which I examined the situation and origin of this abnormal appendage. I found on inspection that it sprung from the right inner wall of the uterus, and from so large a surface that I thought it imprudent to interfere with it at that time. I therefore let it remain—first, to see what nature would do in this matter before I further interfered. In three or four days, as well as I recollect, it sloughed away; but before this took place local inflammation set up in a tumor in the right iliac region, which previously existed there, as she informed me, in consequence of a blow she received during her gestation by a rude boy. This woman was very feeble during the whole time. She was threatened with lipothymia every time she would turn over or make much exertion, for several days. And what was more peculiar about the case was, there was an alternate or pulsatory movement in the opposite iliac region perceptible to the sight or touch. This was not constant, but occasional—several times a day. She expressed its sensation, like some one was fanning her. She was in a profuse perspiration nearly the whole time of her illness.

**TREATMENT.**—As soon as I discovered inflammation had set in, I ordered an emollient poultice put over the part—administered calomel and opium every third hour, the first day. She remained very feeble. The second, I added a small portion of sulphate of quinia to the calo-

miel and opium. This treatment was persisted in until it produced a slight constitutional effect—notwithstanding this, it went on to suppuration, and a fetid discharge escaped through the vagina. During this time I kept her upon a sustaining regimen.

The discharge ceased before the pain entirely subsided. I made her an embrocation, composed of spirit of ammonia, spirit of camphor and laudanum, which, being applied over the part, gave relief. She finally recovered, and has remained well ever since—unless she has been taken sick within the last few days.

The above statement is a summary of facts deduced from observation; therefore, I commit them to your better judgment whether they are worthy of a place in your journal or not. Prosperity in your undertaking and in future life.

Yours very truly,

W. B. EVANS, M. D.

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### **A Case of Pulmonary Fistula—with Remarks on Counter-Irritation.**

BY R. G. CABELL, M. D., OF RICHMOND CITY.

[Communicated to the Medical Society of Virginia, at its October Meeting.]

I am induced to make a report of the following case, because it exhibits a rare termination of pulmonary disease by a fistulous communication through the walls of the thorax, and because it shews the power in the system of maintaining its vitality after the most serious injuries to a vital organ, and of adapting itself to a condition which might at first be regarded as incompatible with life—but chiefly, because it demonstrates the great efficacy of counter-irritation in the treatment of pulmonary affections. The medical profession are aware of the power of this remedial means, I well know, and I do not advance it as anything new; but the case and the reflections to which it gave rise are here made public, because the general principle to which the cure of the case is attributed is a great and fundamental doctrine in pathology, and as such cannot be too often inculcated by precept and practice.

The anatomical lesion which resulted in this case rarely occurs as an idiopathic affection. It is seldom that it is witnessed even during long periods of extensive private and hospital practice. It is caused generally by penetrating gunshot and sabre wounds; and the record of such injuries and their treatment belong to the province of the military surgeon.

Miss S. A., of about 30 years of age, had been for a series of years a victim of disease. Her constitution was scrofulous, and she had a curvature of the spine, which had been attended by repeated abscesses, resulting from caries of the spine, which, after remaining for some indefinite time, disappeared and healed. For several years her attacks had been of a pulmonary character, and she had long and repeated

attacks of chronic bronchitis, attended with much hectic irritation and emaciation.

My attendance on her was long, and I almost despaired of her recovery. She gradually, however, began to improve, and ultimately recovered, so far as to be able to leave her room and to enjoy exercise in the open air. I now discontinued my visits, and did not see her again for nearly a year.

On June 12th, 1851, I was called to see her again for an attack of acute dysentery, of which she died. I ascertained that her cough and the other symptoms of pneumonic irritation were entirely relieved, and had been so for some time. She informed me that amelioration in her symptoms was simultaneous with the appearance of an abscess on her back, which was produced by the application of a blister during my attendance on her. The abscess was still discharging, and on examination I discovered a fistulous orifice on the right side, situated in the intercostal space of the 8th and 9th ribs, about half an inch anterior to the angle of the ribs. The lateral curvature of the spinal column produced much deformity of the chest and brought the orifice to the lumbar region, about two inches from the crest of the ilium. This fistula proved to be in communication with the bronchial tubes, as at each dilatation and contraction of the thorax in respiration the air was drawn in and expelled with quite an audible sound, accompanied with hissing and bubbles of air. The orifice was about the size of a crow quill, adherent to the skin, and bathed with a seromucous discharge, which lubricated its walls and prevented adhesion. It admitted the introduction of a probe for a short distance; but to avoid unnecessary pain, no attempt was made to insert it deeper than to be satisfied that it penetrated the walls of the chest and was fairly in the pulmonary structure.

The termination of this case, resulting in the relief and cure of a long continued and (as was feared) fatal disease, must be attributed to the establishment of the abscess kept open and persistent by the pulmonary fistula.

Nature, like a tutelary deity, stepped forward to allay the sufferings and restore the health of the shattered constitution of this frail but singularly gifted child of misfortune and disease. It produced an abscess, which, by its revulsion and counter-irritation, protected the lungs and relieved them of congestion and inflammation. Her constitution, originally feeble and impaired by a long and wasting disease, was unable to bear that depletion which inflammation of the lungs requires. Taught by the spontaneous appearance and salutary effect of this fistulous abscess in relieving this well-marked case of pneumonic irritation, the physician may learn to place a just estimate on revulsion and derivation in the treatment of chronic inflammation of the pleura, bronchial membrane, or of the parenchyma of the lungs, and to make the proposition one of universal application of any of the viscera in a state of chronic phlogosis.

In most of the cases where time is an element, as in chronic phlegmasiæ generally, the vital powers are much exhausted, and depletion, by general venesection, leeches and cupping, cannot be borne. The

only antiphlogistic remedies, apart from internal agents, to which we have resort, which, while they deplete, do not reduce the strength of the patient, are setons, issues, dry cupping, blisters, pustular irritation and the moxa. As powerful revellents and permanent drains upon the system, relieving congestion and transferring irritation from internal and vital organs to the surface, preventing the deposition of coagulable lymph, and the alteration of structure attending chronic pulmonary and cardiac diseases, their use is of inestimable value. Many cases of chronic pleurisy and bronchitis, after the ineffectual use of judicious internal remedies, yield promptly to counter-irritation and revulsion by the above mentioned agents. Even in that opprobrium of the healing art, tubercular consumption, more good may be done by counter-irritation than by any other single remedial method. For, while it is rarely in the scope of human skill to cure that great constitutional disease when tubercles are once deposited in the lungs, yet much good is done by the action of these agents in preventing irritation and phlogosis from extending from these inorganic masses to the surrounding tissue of the lungs, and thus adding phlegmonous inflammation to tubercular phthisis. The views of Dr. Latham on this subject are original, and the work of a master spirit. He makes two grand divisions of this disease, the mixed and unmixed phthisis. The unmixed, proceeding from tubercular deposits, excites just enough inflammation of the adjacent tissues as is sufficient to eliminate the tubercular matter on which the disease depends—the inflammation being in fact the healthy reparative process by which the malady is cured. Instances of this kind are seen in scrofulous inflammation of the glands of the neck, in which the surrounding vesicular tissue takes just enough of inflammation to expel the tubercular deposit which occurs in this disease. The tubercular depositions being removed, all scrofulous tumors and ulcers disappear, and the disease is thus cured. But in many cases of scrofula, this inflammation is liable to transgress these healthy limits, and extend its ravages to neighboring structures, and endanger life by inflammatory and irritative fever. So also in tubercular phthisis, which may be called scrofula of the lungs, the tubercular matter, inorganic in itself, and therefore incapable of vascular action, may excite in the tissues around it the inflammatory process necessary for its expulsion. But in consequence of the great vascularity of the pulmonary organs, more inflammation than is necessary for the reparative process is excited, and infiltration, hepatization and suppuration supervene to a fatal degree. This constitutes what is denominated mixed phthisis. Now the indication is to prevent the inflammation from proceeding beyond the bounds of healthy expulsive action, and this is done by suitable antiphlogistic means, and if this inflammation has already taken place, to check it in its career and bring it back to what may be termed the healthy standard. This theory is not only plausible, but its truth is sustained by the analogy adduced of scrofulous inflammation of the cervical glands, a disease resulting from the same extraneous deposits in constitutions of similar diathesis. It is also fortified by tubercular cicatrices found in the lungs of persons dead from other diseases. The recovery of persons

who have expectorated tubercular calculous concretions, who have labored under hectic irritation, and exhibited the symptoms of pulmonary consumption, both general and physical, corroborates the same position, and enables us to say, that although generally fatal, it is not always an irremediable disease. Several cases of chronic bronchitis simulating phthisis in the important symptoms of hectic, emaciation, night sweats and diarrhoea, have fallen under my treatment, and have been relieved by remedies among which counter-irritation was sedulously employed. It is therefore our duty not to abandon as hopeless all cases of tubercular phthisis. The well authenticated cases of recovery from this remorseless disease are lamentably few—

*“Rari nantes in gurgite vasto.”*

Yet still one single case of recovery among a thousand deaths, (and such instances are recorded,) shews us that our art is not entirely impotent, but may be triumphant, even in this great constitutional malady. In confirmation of the above views of counter-irritation, and embodying another instance in its support, and as illustrative again of the process which nature takes to relieve internal organs by antagonistical eruptions on the surface, a case of mania, dependent on sub-acute inflammation of the meninges of the brain, is now under my care, in which the unfortunate patient has experienced the most beneficial results from the appearance of what in his case may be called a critical eruption. The paroxysms of his phrensy have twice been of the most exalted character, his delirium ferocious, resisting the action of the strongest purgatives, the loss of blood and other antiphlogistic means. The appearance of an abscess, in the first case on the chest and in the second on the nucha, has apparently equalized the circulation, calmed the turbulent action of his brain, and for a time restored him to his faculties. The uniformity in each instance of the sequence of these events, (the abscess and returning reason,) proves that they were not fortuitous occurrences, but places them in relation of cause and effect. There are, of course, many other valuable therapeutic agents in the treatment of organic diseases of the lungs and other internal viscera, which I pass over unnoticed, as it is my design in this paper to call attention only to the cardinal one of counter-irritation and revulsion. To be beneficial, however, the action of the remedy should be continued for a long time—as long as the tissue of the lungs gives evidence of inflammation pervading those organs at a distance from the tubercular deposits. This fact is ascertained by auscultation, when the crepitant, sibilant and mucous râles shew the existence of common phlegmonous inflammation, in addition to the specific inflammation of phthisis.

In confirmation of the efficacy of revulsion and counter-irritation in protecting the organs of the chest from disease, I cite the high and classical authorities of Hennen and Larrey. Hennen says, that naturally delicate and diseased lungs have been benefited by penetrating wounds of the thorax, and that he had good reasons for saying that strong predisposition to phthisis was suspended and spasmodic asthma relieved by wounds of the lungs. Baron Larrey adduces the

case of an officer cured of a well characterized phthisis by a wound penetrating the cavity of the chest. It is also said that King William the Third was entirely relieved of asthma as long as the wound on his shoulder, received at the battle of the Boyne, kept open and discharged matter. From the above case then, the history of which I have related, from the reasoning suggested by it, and the high authority adduced in its support, counter-irritation and revulsion must be regarded of signal value, and be ranked among our sheet anchors in all serious organic diseases, whether of a tubercular character or of common inflammation.

In the above remarks I have framed no hypothesis to account for the *modus operandi* of this important agent. The ingenuity of the human mind has been exercised in vain to account satisfactorily for its action. One explanation has been erected upon the ruins of another, but the subject is still clothed in mystery, and the door is still open for investigation. Now, whether counter-irritation and revulsion act by creating a current of nervous and arterial fluids to the surface, or by the incompatibility of two diseases, or by the substitution and conversion of diseases, or by the discharge of peccant matter, as maintained by the old humoral pathologists, are matters of trivial moment. One thing we know is this great and important fact, that counter-irritation is antagonistical to and supersedes internal disease; and we also know that it is a therapeutic agent of Herculean power, which, judiciously and perseveringly used, will rescue many from untimely graves.

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### The Pathology of Incipient Phthisis.

ROCKBRIDGE Co., Sept. 11th, 1851.

MR. EDITOR—Entertaining the idea that every theory on a subject so important as consumption of the lungs should be laid before the medical public, if it have any shew of reason or any sanction in physiological truths, I venture to suggest one which I have formed lately from close attention to a few facts which have come under my observation.

I have been led to believe that there may exist a spasmodic condition of small vessels in different parts of the system, resulting from the debility dependent upon inordinate excitement. When the system has been exhausted by excessive stimulation, as in the case of those who have been long intemperate, it is well known that this exhaustion has been speedily attended by pulmonary consumption having induced such a state of the blood vessels of the lungs as prevented them from propelling properly the blood. This state I call spasm arising from debility, since such a condition may equally well proceed from debility as from an opposite state. All spasm must depend upon the function of innervation; and if some *vice* in that can produce those disorders of the muscular system which we denominate

spasmodic, why may not the same abnormal condition affect the blood vessels, which are equally dependent upon nervous influence for their action—for the proper discharge of their office? The blood being retarded in its flow by this state of its canals, fibrine is deposited from it, and becomes deprived of vitality, forming, as has been proved, the substance known as tubercular matter.

It is true that it has been long known that the flow of the blood is impeded in this disease; but never, I believe, has this fact been accounted for in the way that I propose. It has been generally supposed to be caused by the deposition of tubercle opposing a mechanical obstacle to the circulation. This would make the retardation I speak of subsequent to the deposition, and not preceding and causing it—would be establishing it as the effect instead of the cause. This deposition may, at a late stage of the disease, co-operate with the cause I have suggested in producing this lesion of the vascular function; but spasm is undoubtedly, in my opinion, the primary cause, and would yield to antispasmodics in the first place, and tonics afterwards—the former relaxing the spasm and the latter removing the debility which is its cause. It is true that a spasmodic stricture of some of the air-cells would arrest in a measure the circulation of the blood, since blood that is not duly oxygenated furnishes an insufficient stimulus to the pulmonary veins; but from what I have observed, I really believe that although this stricture of the air-cells does operate to produce this effect, it is seldom so long continued as that of the vessels, and that the latter will exist independently of the former, and notwithstanding they may be in perfect health, the debility being such as to implicate the vessels, without impairing the function of the cells. Moreover, I have observed this spasmodic condition to obtain in vessels of other parts of the body, and to yield to similar treatment when resulting from the same cause.

For instance, I have had occasion to notice repeatedly that when a hard, contracted state of the vessels of the conjunctival portion of the eye has supervened upon a debilitated condition of the organ, brought on by over-taxing its energy, remedies that relax have been found eminently beneficial. But it may be said that the same cause which prevents the flow of the blood in this case may be identical with that which produces the pain of inflammation, namely, over-distension of the vessels, the coats being so strained by the volume of the fluid that their contractility is paralyzed. Not so, however. The distension is not so great as in inflammation, because the redness may be scarcely perceptible. It is certainly not sufficient, so far as I have observed, to produce this paralysis of contractility in the coats; I therefore have concluded that, independently of great distension, at any one time in these vessels of the eye, paralysis may supervene on debility, having its origin in excessive exertion of that organ—in other words, this effect of over-exertion becomes the cause of spasm, which arrests the proper circulation of the blood, and produces all the uneasiness experienced in certain forms of eye disease.

Again, I have over and over again remarked, that when the genital organs have been for a long time unduly stimulated, this effect, in

some of their vessels, has continued long after the cause was withdrawn, and that so soon as antispasmodic remedies were administered the blood has flown far more freely than before.

In this view, then, of the pathology of pulmonary consumption, I believe that its incipient stage should be treated in the way I have advised.

W. S. BOWYER, M. D.

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### The Treatment of Gastritis.

MR. EDITOR—With your permission, and through the medium of your valuable publication, I desire to call the attention of the profession, in as few words as possible, to a method of treating those cases of gastritis which are attended with so much irritability of stomach that remedies are obstinately ejected from it. Being aware that my plan is not a new one, I have no long argument to urge in its favor, but I feel convinced that *external treatment* is too much neglected, and that it is a common error, and sometimes leading to fatal consequences, to rely entirely, or at least too long, on the exhibition of drugs; and I venture to report my experience in the treatment of intractable gastritis. In many cases of the most obstinate character, where great thirst and nausea or vomiting had existed for days, and where nothing but a little powdered ice could be retained in the stomach, and which resisted every preparation of opium given internally, I have found an effect like magic produced by the application of a large fly blister over the region of the stomach, sprinkling the surface, after it is denuded of cuticle, with from  $\frac{1}{2}$  to 1 grain of morphia, and then dressing with simple cerate. By this treatment and the use of enemata I have so invariably succeeded in tranquilizing the system and relieving the patient—first, by inducing quiet sleep, and then by resolving the inflammation—that I deem it proper to urge the plan, and to say that I believe much mischief is often done by persisting in the attempts to accomplish a cure by the administration of medicines internally.

In conclusion, let me call attention to the fact that the general cause of failure in inducing the effects of morphia when it is applied endermically, is because it is too often applied *on* instead of *under* the *dead cuticle*.

Yours, respectfully,

W.

Camden Co., N. C., Sept. 1851.

## The Fluid Extracts of the Pharmacopœia.

BY JOSEPH LAIDLEY, PHARMACEUTIST, RICHMOND, VIRGINIA.

In the August No. of the "Stethoscope," we adverted to the fact that a new class of remedies—fluid extracts—had been admitted into the new national pharmacopœia; and, as some of the readers of this journal may not be familiar with the medicines in question, we propose at present to give a short history of these very important preparations; and after describing the methods of preparing them, will endeavor to point out some of the advantages they possess over other remedies, and their importance to the medical practitioner.

The officinal fluid extracts, or those recognized by the pharmacopœia, are seven in number, viz. fluid extracts of cubebs, black pepper, rhubarb, sarsaparilla, spigelia and senna, senna, and valerian.

These seven form three classes of extracts—first, those known in pharmacy as oleo-resins, viz. fluid extracts of cubebs and black pepper; second, concentrated syrups, viz. rhubarb, sarsaparilla, spigelia and senna, and senna; third, ethereo-alcoholic tinctures, of which valerian is the only one. These preparations are all of comparatively recent origin; that of sarsaparilla was the first introduced, the formula for its preparation having been devised by Mr. William Hodgson, jr., a celebrated pharmacist of Philadelphia, in the year 1830. The next which followed was the fluid extract of senna, for which a formula was presented to the Philadelphia college of pharmacy in 1834, by Mr. Chas. Ellis, another distinguished pharmacist of that city. The fluid extract of spigelia and senna has been in use for a number of years. A concentrated fluid preparation of these drugs had been in use in Philadelphia for some time, when, in 1844, Mr. Thos. Eastlack directed public attention to it, by writing a thesis upon the subject for the above-named college, by whom his formula was published in the American Journal of Pharmacy for that year.

The fluid extract of valerian was first brought into notice by Mr. Evan T. Ellis, who also wrote a thesis concerning it, which was presented to the same institution as the above. His formula also was published in the Journal of Pharmacy.

The formulæ for fluid extracts of rhubarb and of cubebs were published in 1847 by Prof. Procter, in the before-mentioned valuable repository of pharmaceutical intelligence—the American Journal of Pharmacy, of which that gentleman is the editor.

Fluid extract of sarsaparilla is a concentrated tincture of sarsaparilla, mezereon, liquorice, sassafras, &c., from which very nearly all the alcohol has been evaporated, and, in order to preserve it, a small quantity of sugar is added. One fluidrachm represents sixty grains of sarsaparilla root. This preparation we have said was devised by Mr. Hodgson, who, after reflecting upon the methods then employed for extracting the active portion of sarsaparilla, arrived at the conclusion that all the then existing formulæ for accomplishing this purpose were unscientific, and failed of effecting the end in view. The present formula of the pharmacopœia (with but slight alteration in the ingredients) was the result.

There are but few drugs that can be cited for illustrating so forcibly as does sarsaparilla the great importance of employing scientific formulæ by which to make its preparations. This root, made known originally to the Spaniards by the Indians, was introduced into Europe early in the sixteenth century. Popular opinion soon ran high in its favor, (as it generally did in favor of any *new* remedy;) it, however, gradually went out of use, until, about a century ago, it was again brought into notice by Sir W. Fordyce and Dr. William Hunter. Since that time much diversity of opinion has prevailed among the profession as to its intrinsic worth, which diversity has undoubtedly been caused by the unscientific and careless manner in which the preparations of it were made. Uniformity was not observed; and if the preparation contained any medicinal efficacy, it was only because their rule of *boiling!* was not complied with. In illustration of this point we cannot do better than quote from Mr. Hodgson's paper,\* in which the fluid extract was recommended.

"They all (i. e. the medical works of those times) direct it to be made by *decoction* in water, or by *long-continued* hot infusion; and we have invariably, in consequence, two evils to endure—the presence of a large quantity of feculent and mucilaginous matter, which causes rapid decomposition; and, what is still worse, the *absence* of nearly all the active principle of the root, which has indeed been effectually *stewed down*. The French Codex, for example, directs two pounds of the root to be infused for twenty-four hours in twelve pounds of warm water, then boiled a quarter of an hour, and the residuum submitted to another, and still another boiling, with ten pounds more water each time down to six. The mixed decoctions are then to be again boiled, with the senna, &c. down to one half; after straining, the sugar and honey are to be added, and the whole boiled a fifth time, in order to form the syrup!"

Mr. H. mentions other authorities besides the Codex to shew the extent to which this very natural, but very ineffectual method of making the sarsaparilla preparations prevailed. With these we will not lengthen this article; suffice it to say, that the plan above described was considered the most effectual one for obtaining the virtues of the root. But the advances made in organic chemistry within the last half century have opened a new field to the enquirer for truth, and those who have explored it have thrown an immense amount of light upon the chemical properties of organic substances. They have shewn that morphia is the active principle of opium; quinia, &c., of Peruvian bark; strychnia, of nux vomica; aconitia, of aconite; tannin, of nut-galls, &c., &c. They have carefully examined the characters and properties of these substances; how they may best be obtained; what precautions and conditions must be taken and observed in conducting the necessary processes to obtain them or their preparations. In pursuing these investigations they have ascertained that sarsaparilla owes its efficacy to sarsaparilline; that this substance is soluble in some oils, alcohol and ether; that it is but *slightly* soluble in cold water, more soluble in boiling water, from which,

\* See Am. Journ. of Pharmacy, vol. 2, p. 282-6.

however, it is precipitated on cooling. There is good reason for supposing that it is volatile. It is injured by heat. From these facts we see that the old plan of boiling was unscientific and injurious; the tendency of which was to effect the *non*-presence of the very substance which it was the grand object of the process to secure unimpaired in the preparation, and, instead of having that principle in solution, the preparation furnished a very pleasant combination of starch, gum, &c., which we presume proved beneficial, just in proportion as the method was not accurately followed, or in proportion to the amount of faith in the patient or physician. But in the new pharmacopœia diluted alcohol is prescribed as the menstruum. In this liquid the sarsaparilline is soluble; the gum, starch, &c. (soluble in boiling water) are insoluble. The root is exhausted with diluted alcohol; the resulting tincture is evaporated at a low temperature, (below 212° F.,) and when sufficiently concentrated, and while still hot, the sugar is dissolved in it, and the preparation immediately removed from the source of heat. The extract, as thus made, is a very fine preparation, combining the full virtues of sarsaparilla root. The ordinary dose is one fluidrachm. It is usually given in water, three times daily.

Fluid extract of senna is obtained by mixing the ground leaves with diluted alcohol. The mixture is allowed to stand for twenty-four hours; it is then introduced into a percolator, and water, mixed with one third its bulk of alcohol, poured on, until the requisite quantity of tincture is obtained; this is evaporated, filtered, the sugar added, and then the Hoffmann's anodyne liquor, holding in solution the oil of fennel, is added. The oil counteracts the *gripping* property of senna. The Hoffmann's anodyne prevents fermentation. The amount of the latter is too small to form an objection against its introduction, as one fluidounce contains not quite seven drops. Water extracts the active matter of senna as well as alcohol, but the latter prevents the solution of albumen, mucilage, &c. (contained in the leaves,) which are soluble in water, and would, were it not for the alcohol, cause the senna to swell so much as to render the displacement process ineligible; besides, the presence of these substances induces a tendency to fermentation. The quantity of alcohol is sufficient to obviate these objections.

Fluid extract of senna is used for all the indications where senna itself is employed. The dose as a cathartic is about half an ounce, representing 240 grains of the leaves. A common way of exhibiting its effects is to give a tablespoonful, and after an interval of twenty minutes, repeat the dose. A *speedy* and *pleasant* cathartic medicine is produced by mixing with a tablespoonful of the extract half an ounce of Epsom salts in solution.

Fluid extract of rhubarb is prepared in a manner similar to the fluid extract of sarsaparilla. Eight ounces (troy) of root are exhausted with diluted alcohol; the tincture evaporated in a water-bath to five fluidounces; five ounces of sugar are added, and, when cold, adding half an ounce of tincture of ginger, holding in solution four minims each, of oils of fennel and anise—the last three preventing

any griping that the rhubarb, if alone, might occasion. One fluidrachm represents sixty grains of the root. The dose as an aperient is from five to twenty drops; as a cathartic, from twenty to about forty drops.

Fluid extract of spigelia and senna is obtained by preparing by displacement a tincture of those drugs, evaporating the tincture to a certain point, adding a small portion of carbonate of potassa to dissolve the resin of spigelia, which, as the alcohol evaporates, is precipitated—being insoluble in the remaining aqueous fluid. The resin being re-dissolved, the sugar, having been previously triturated with the oils of caraway and anise, is dissolved with the aid of a “gentle heat,” (a “temperature between 90 and 100 degrees F.”)

This preparation has been used as a vermifuge by many members of the medical profession, in whose hands it has proved very serviceable, and its merits, we think, are such as deservedly entitle it to a place in the national pharmacopœia, as well as to the confidence of physicians. It combines the anthelmintic virtues of spigelia with the cathartic power of senna, (the griping property of the latter being prevented by the oils, &c.,) it almost invariably proves acceptable to the stomach, is *pleasant to the taste*, and possesses the great recommendations of its composition being *known* and *uniform*. We have heard some objection made to the introduction of the carbonate of potassa, but so far as we are aware, no reasonable objection can be made to its presence. Professor Procter, who recommended the preparation some three or four years ago, thus explains its use: “The carbonate of potassa not only gives solubility to the matters deposited by the evaporation of the alcohol, and *corrects* the griping tendency of the senna in part, but itself, in the opinion of some, possesses anthelmintic power.” The quantity in a dose is, as will be seen by reference to the table appended to this article, only one grain and seven-eighths.

The fluid extract of valerian is a most admirable preparation of that valuable drug. The active principles of valerian reside chiefly in the oil and valeric acid, the latter being generally, to some extent, dissolved in the former. These substances are both volatile; consequently, a plan of securing in a nearly concentrated form the full amount of these principles which are contained or formed\* in the root, is the object of the process. To accomplish this, the valerian, in coarse powder, is displaced with a mixture of alcohol and ether, in the proportion of one fluidounce and a half of the former to half an ounce of the latter, for every ounce of the root employed. The ethereo-alcoholic liquid is displaced by diluted alcohol, and is allowed to evaporate spontaneously till reduced to five-sixteenths of its original bulk; more diluted alcohol is poured on the residue until a quantity twice as great as the evaporated ethereal liquid is obtained; this is mixed with the latter. Any oleo-resinous matter adhering to the sides of the vessel is dissolved in a little alcohol and added to the extract. After standing four hours, with occasional agi-

\* Valeric acid is supposed not to exist ready formed in the root; but as it is an oxide of the oil, it is thought to result from the union of the latter with oxygen.

tation, the whole is filtered, and, when finished, must measure twice as many fluidounces as the root used weighed in troy ounces. As thus prepared it contains all the virtues of valerian root. The dose is from one to two fluidrachms, given in water.

Fluid extracts of cubebs and black pepper are prepared alike. One pound (troy) of the fruit is exhausted by passing 1 quart of ether through the powdered drug; three-fourths of the ether may be regained by distillation, below the temperature of 120°; the residue is exposed in a shallow vessel till all the ether has evaporated. Fluid extract of cubebs as thus prepared contains all the volatile oil, cubebin and the resin, to the exclusion of most of the inactive constituents of the berries.

The dose is from five to thirty minims, representing about from 40 to 240 grains of cubebs.

It may be given suspended in water, in pills or in emulsion; a formula for prescribing it in the latter form, suggested by Prof. Procter, is as follows, viz :

|                             |   |   |         |
|-----------------------------|---|---|---------|
| R Extractum cubebæ fluidum, | - | - | 3 ij.   |
| Pulveres acaciæ,            | - | - | 3 ss.   |
| Sacchari,                   | - | - | 3 j.    |
| Aquæ,                       | - | - | 3 iiii. |

M. Ft. Emulsio.

“A tablespoonful of this emulsion represents two drachms of cubebs”—the same gentleman further suggests, “should it be desirable to use alum with it, it may be dissolved in the water.”

Fluid extract of black pepper may be administered in the same forms as the extract of cubebs. It contains all the active principles of black pepper; one minim represents about 15 grains of pepper. The dose is one or two minims. A substance somewhat similar to the above has long been in use under the title of “oil of black pepper.” The difference between the two is, that the latter, being only a secondary product, obtained in the process of extracting piperin, is not uniform in strength—consequently the preference should be given to the “fluid extract.”

A precipitate is apt to occur after standing some time in both the extracts of cubebs and pepper—in the latter it is of no consequence, for consisting only of piperin, it does not impair the value or strength of the fluid portion. In the former, the precipitate may be re-dissolved by gently heating the vial by immersing it in warm water—any portion remaining as a precipitate after this treatment need not be regarded—it is only inactive, waxy matter.

We have several times had enquiries made respecting the quantities of those substances, which are added to the fluid extracts to modify or counteract their properties; for the convenience of those who may wish to see at a glance how much of each ingredient is represented by a given quantity of the respective fluid extracts, the annexed table is given :



the drying that is requisite preparatory to powdering. Such are, cubeb, valerian, &c.: These and many others, if powdered without injury, yet lose their activity in the powdered form, from the fact of their active principles being volatile; there is a liability in some powders to decompose—such as senna, &c. Of some, the dose is very bulky, and inconvenient to take—of senna for instance, the dose is two drachms—sometimes more—the powder is too bulky, the syrup too weak—the infusion, or “senna tea,” would require some time to prepare; and if done by the apothecary, would cost as much as an equivalent proportion of the extract; if made in the family where it is wanted for use, it may not be properly prepared—it would probably be *boiled*, thus injuring the senna and dissipating the volatile oil of the aromatic seeds usually introduced to prevent griping.

The fluid extract obviates all these inconveniences; it is not, like the syrup, liable to ferment: unlike the powder, it does not decompose—it begins to act as soon as administered; the dose is small, is easily taken, is not unpleasant, and is always ready for use.

Another instance of the value of these preparations is afforded, where a particular remedy has to be used for any length of time. Sarsaparilla is a remedy that has often to be taken for many weeks, or even months, without intermission. Besides the objections to pills, powders, &c. in the case of senna, we have now others to contend with—the preparations of sarsaparilla recognized by the pharmacopœia, and hitherto used, are, the compound decoction, extract, infusion and compound syrup. The compound decoction is only the fluid extract in a weak form, and possesses no advantage over the latter, except that it contains no sugar; but it will not keep for any length of time, and would require frequent renewal, and if made in the kitchen, is, like the senna, liable to be *overdone* and injured in the preparation. The solid extract requires so much evaporation, that, unless made with much greater care than is usually bestowed upon preparations made for *sale* in most of our large cities, it will possess but little of the virtues of sarsaparilla. The infusion is liable to the same objections as the compound decoction, and the compound syrup contains so much sugar, that its prolonged use often deranges the digestive organs—a person taking a tablespoonful of the syrup, representing 52 grains of root, will take at the same time 205 grains of sugar; if taken three times a day, as is usually done, he will take 615 grains of sugar daily; but in taking one-fourth of this bulk, one fluidrachm of the fluid extract, he will get 8 grains *more* of sarsaparilla and 160 grains *less* of sugar, or, in one day, 24 grains more sarsaparilla and 480 grains less sugar. Equally great or greater advantages are gained in the other fluid extracts. We will not lengthen this article by going over the whole list of advantages they afford, but in conclusion would say, that the advantages common to all the members of this class of preparations are, that they perfectly represent the drugs from which they are prepared, and that they combine great strength with smallness of bulk, as may be seen by the following table, in which is shewn how much of the various other preparations of a particular drug represent one fluidrachm of the fluid extract.

**CUBEBS.**—Tincture of, 8 ounces, equal one fluidrachm of the fluid extract.

**BLACK PEPPER.**—No other preparation of it is officinal.

**RHUBARB.**—Infusion 1 quart, syrup  $1\frac{1}{2}$  ounce; do. aromatic  $5\frac{3}{4}$  ounces, tincture 2 ounces; do. and aloes  $2\frac{1}{3}$  ounces; do. and gentian 2 ounces.

**SARSAPARILLA.**—Infusion 2 ounces, compound syrup  $\frac{2}{3}$  of an ounce, compound decoction 1 ounce.

**SENNA.**—Infusion 2 ounces, syrup 1 ounce, tincture of, and jalap 2 ounces.

**SPIGELIA AND SENNA.**—No other preparation.

**VALERIAN.**—Tincture half an ounce, ammoniated tincture half an ounce, infusion 2 ounces.

For the Stethoscope.

### **Lobelia Inflata.**

This valuable remedial agent has been too much neglected by the profession generally, on account of its abuse by a set of empirics. Is it right that we, whose object should be to search for and obtain truth wherever it may be found, to discard entirely a remedy which is capable of fulfilling so many therapeutic indications? An intelligent and enlightened profession will answer, no. *Lobelia inflata* is an indigenous plant, which is a common weed throughout the United States, beginning to flower about the end of July, and terminating on the occurrence of frost. Its odor is owing to an essential oil which it contains, and its effects on the system, to an alkaline principle, called *lobelina*. It is an emetic, and in small doses, diaphoretic and expectorant. When taken in a sufficient dose to act as an emetic, there appears to be a greater diminution of the vital powers than from the action of *ipecacuanha*. It probably takes a shorter time to produce *emesis* than the last named article, and, as far as my observation has extended, operates nearly as mildly—reaction occurs as readily—the pulse assumes fresh vigor—a copious, warm perspiration takes place, and the patient feels a glow over the surface of the body. Professor Dunglison says, it is an *acro-narcotic*. “Narcotics are agents which first excite and then diminish nervous action, and, in sufficient doses, stupefy.” Although I have seen it given in enormous doses, and in many instances injudiciously, I have never seen it produce narcotism, and it certainly does not irritate the stomach as much as *ipecacuanha*. I have seen persons who had taken large doses, and it failed to produce *emesis*—there certainly was considerable prostration, but I have never seen any evil effects produced by it which might not have been produced by any other emetic of the same class, in proportionate doses, and in the same circumstances. I was induced to try it, from the recommendation of authors, in a case of spasmodic asthma. I found it more effectual in relaxing the spasm, and more certain in its effects, than any thing else. It would frequently prove beneficial, given in drachm doses, so as to nauseate and not produce *emesis*. If

desirable to produce emesis, from  $\frac{3}{4}$  ss. to  $\frac{3}{4}$  i. of the tincture may be given. Prof. Wood says he has derived more advantage from it in that disease than from any other single remedy. The same author admits it may do good in chronic bronchitis, attended with dyspnœa; and I can add my testimony to his, and say that I have derived considerable benefit from its use in the same disease, especially in children. I think it ought to supersede the use of tobacco enemata for the purpose of relaxing the system, for the reduction of luxations and strangulated hernia. It is certainly not as dangerous, and is equally as efficacious. In laryngismus, stridulus, as well as bronchitis, tracheitis, pertussis, associated or not with other remedies, good may be expected from its use—so also in pneumonia, when tar, antimony or ipecacuanha are contra-indicated from irritation or inflammation of the mucous coat of the stomach, small doses may be given every hour or two to induce nausea. My object in writing is not to insist that it may supersede any emetic substance, (save tobacco,) but to give my evidence that it is not as dangerous as it is generally thought to be, and to call the attention of the profession generally to it. I am in hopes physicians will be induced to try it more extensively, and that some one better qualified than myself will do it justice.

B.

*Halifax Co., Va., Aug. 1851.*

We entirely coincide in the opinion expressed by Dr. B., that lobelia, as a remedial agent, is neglected by the profession *on account of its abuse* by a set of empirics—and we believe there are few regular practitioners who are aware of the true cause why they do not use the article more frequently than they do. For our own part, we must frankly confess that our prejudice against it is more to be attributed to the harm we have known to be done by it than to our knowledge of or experience with the article. When unbiassed testimony, from good sources, will shew us that it is superior to the numerous emetics commonly used to evacuate the stomach, or that it is a better relaxant or nauseant diaphoretic than tartar, then we will substitute it. But the judgment of the great mass of practitioners throughout the world seems to be rather against it; and as it is no “new thing,” we feel quite content to hold on to that which we know to be good, rather than to “try” this vaunted specific of the steam and herb doctors, though warmly recommended now and then by some of our regular brethren. But, “*Je prends le bien ou je le trouve*” is a maxim more particularly applicable and good in medicine than in anything else.—[ED. STETH.

**A Case of Gun-Shot Wound---Recovery.**

CROTON, *King & Queen*, Sept. 10th, 1851.

Dr. GOOCH—*Dear Sir*—I send you a short statement of a case which occurred in this neighborhood last winter.

On the 27th December 1850, Mr. Boulware Dyke and Mr. William Ball set out to cross the river at Mantapike, to shoot duck in the marsh on the opposite side of the river. When they reached the wharf, the tide had left the boat a little. Mr. Ball taking the two guns and putting them in the head of the boat, with the breech downwards and the muzzles projecting over the gunwales of the boat—Mr. Dyke just at this moment taking hold of the chain which was attached to the head of the boat for the purpose of pushing it into the water, the large ducking gun, charged with large duck-shot, went off. The whole contents of the gun and fragments of clothes were driven into the abdomen of Mr. Dyke, entering the abdomen in front of the anterior superior spinous process of the ilium, just where the great obliquus externus abdominis and internus muscle envelope by their aponeuroses the rectus abdominis—penetrating through the external muscles, leaving bare the fibres of the rectus abdominis, the contents of the gun taking a course upwards and outward until they reached the edge of the last false rib following the course of the rib, and burrowing deep into the muscles of the back. Upon the happening of the accident, I was sent for in great haste—and as I live in the immediate neighborhood, I saw him in an hour after the accident. When I arrived I found the shock had been an overwhelming one to the system, he having been unconscious of having received an injury until his clothes were found to be on fire. I found him cold and without pulse at the wrist. I examined the wound, and without delay sent a messenger to King William for my son, Dr. John S. Lewis and Dr. Ro. H. Tebbs, to assist and advise what was best to be done. In the mean time I stimulated Dyke to bring about reaction, which was most happily effected before they reached Mantapike, which was about three hours after the accident, they living a short distance across the river.

On consultation we decided to take out the shot, if possible, which we succeeded in doing most happily, by making an incision in the back in front of the second and third dorsal vertebræ. There were upwards of one hundred and fifty large duck shot, with the wadding of the gun and fragments of clothes, taken from the wound. After dressing the wound we left him for the night, with directions for him to be kept as quiet as possible, and administered an anodyne. On the 28th I found him free from excitement, having slept well through the night; had his bowels moved with a saline purgative, and directed him to be kept on a low diet, to avoid active inflammation. From day to day the case went on favorably. No unfavorable symptoms presenting themselves, in due time suppuration took place, and, as was to be expected, a considerable slough in the back, and Dyke insisted that he breathed through the wound. At this time

the wound in the back was large and deep, shewing the edge of the rib very distinctly, and the wound in the abdomen leaving the edge of the rectus muscle, and also the peritoneum *in situ*. After six or eight days from the occurrence of the accident, I allowed him a little wine and a nutritious diet. A healthy suppuration and granulation went on, and in three weeks the cavities of the wound were filling up and healing in the most favorable manner. He continued to do well, and in two months from the time of the accident he rode on horse-back to Richmond, and is now well. The above statement I have taken from notes made at the time when attending Dyke. If you think the facts stated will be of interest, you can give them a place in your paper.

Yours, respectfully,

ZACHARY LEWIS.

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### Incision of Stricture of the Urethra.

FREDERICKSBURG, Sept. 1851.

Dr. P. C. GOOCH—*Dear Sir*—In the September number of the *Stethoscope* I find the report of a case of stricture of the urethra, by Dr. Cruikshanks of Ayrshire, Scotland, in which he operated after the plan proposed by Mr. Syme, and which he highly commends. He speaks of it as a new operation, and as far as the operation by incision *from without* is concerned, Mr. Syme is very probably entitled to the credit of it. But the idea of cutting *through* strictures within the canal existed, to my knowledge, near half a century ago, and was much discussed when I attended lectures in Philadelphia in the winter of 1810-'11. Dr. Physic exhibited to the class several ingenious instruments for this purpose, all consisting of a canula, so shaped at the point as to contain a small lancet-shaped blade. This blade was attached to a stilet, and when the point of the instrument was properly adjusted to the stricture, by pushing forward the stilet, the blade entered and incised the stricture. Some of these instruments were curved to suit the curve of the urethra. For that portion of the canal which was straight the instrument seemed well adapted to the object, but in the curved portion difficulties presented themselves, which rendered the instrument too unsafe for general use. Few, it was surmised, possessed the tact requisite to enable them to apply the end of the canula with so much accuracy as to ensure, when the cutting point was projected, that the stricture would be properly incised, and much mischief might ensue from pushing it forward in a wrong direction.

An ingenious friend of mine, and a gentleman of deservedly high professional reputation, formerly a resident of Richmond, but now living in Rappahannock county, Dr. Phil. Thornton, suggested an instrument a few years since, which appeared to me unexceptionable, and which would enable the operator, if any instrument could be passed through the stricture, to divide it, to any required extent,

without injury to any other portion of the urethra. The instrument he proposed was to consist of a metallic canula with a small bulb at the extremity, with an extremely delicate blade concealed in a slit in the bulb, and was so constructed as by the use of the stilet this blade could be forced out one, two or more lines, at the will of the operator. The instrument was to be passed through the stricture, the blade forced out and the whole withdrawn, the blade cutting its way through the stricture. After passing the stricture, the blade to be replaced within the bulb, to prevent injury to the healthy portion of the canal.

It is well known that a bulbed, or as it was formerly called, "a test bougie," is more easily introduced than any instrument, flexible or otherwise, of any other shape, as the pointed instrument is apt to hang, especially if the stricture projects farther into the canal on one side than on the other, and the bulb might be made so small as to contain a blade of but a single line. If the division was not sufficient to enable a bougie of good size to pass, it could be easily turned, and the stricture cut on the opposite side.

It cannot be doubted that a stricture so divided could be dilated with a facility and certainty that could not be done with one callous and hard and covered with the lining membrane of the urethra, as we always find them.

Yours, &c.,

WM. BROWNE.

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## EDITORIAL AND MISCELLANEOUS.

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### **The Western Lunatic Asylum.**

During a recent visit to Staunton we had an opportunity, for the first time, of visiting the asylums for the insane and for the deaf, dumb and blind. Owing to a misapprehension and the want of time, we could only take a single walk around the latter institution, but we saw enough of it to satisfy us of the beautiful condition of the establishment. The cheerful industry of the blind, and the happiness beaming from the eyes of the deaf mutes, whether it were in the study room, workshop or recreation grounds, presented a sad contrast with the variety of condition which we saw at the sister institution. By the kindness of that most urbane gentleman and accomplished physician, Dr. Francis T. Stribling, we enjoyed an opportunity of inspecting minutely the whole establishment, and of witnessing the plans of treatment pursued in the various forms of mental disease which present themselves there. All preconceived horrors of the condition of the inmates of a *mad-house* vanished when we saw this palace for the un-

fortunate. We say palace, for such it is. The grounds are being beautified by the inmates themselves, and, when finished, they will add materially to the already picturesque scenery from the edifices. The latter are spacious and admirably planned—capable of containing *four hundred and twenty* inmates, making it the largest insane asylum in America, except that at Utica, New York. We have not room here to go into a detailed account of the management of the establishment, but so far as we are capable of judging, it is most admirable. The fact that the *mental* and not the *pecuniary* condition of the patient decides the position he is to occupy in the asylum, is worthy of commendation. It is almost as great an improvement as the abolition of braces and the straight jacket. We were struck with the calm and easy manner with which the physicians and attendants approached and controlled the patients. Dr. Stribling seems to have been born for his office of superintendent and physician in chief, and he is ably assisted.

For interesting particulars of this—one of the proudest monuments and noblest charities of Virginia—we refer our readers to the annual reports of the directors, among the public documents.

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### Medical Lectures.

The introductory to the course of medical lectures at the medical department of Hampden Sidney college was delivered on Monday, October 13th, by Prof. Tucker. We could not be present on the occasion, but have learned that Dr. T. did himself credit, and the customary large and fashionable audience were highly pleased with his rapid glance at the past “history of medicine.” He brought his review down to the present time, and made an effectual appeal to the students of the state and of the South to encourage, support and build up great institutions of learning and science in their midst. We are glad to announce that the number of the class is increased—and that other matriculations will take place. The regular course of lectures is now under way, and we hope that both faculty and class may enjoy a profitable and happy session.

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The medical class at the university numbers near 100—as many, we believe, as is desired, and as many as ensure the peculiar advantages of the system of instruction pursued in that institution. Prof. Cabell is appropriating a part of his course to comparative anatomy. This ought to be the case with all the schools, for comparative anatomy bears the same relation to physiology as this latter science does to pathology.

### Private Medical Instruction.

We have received from Dr. Frank A. Ramsay the "announcement of a *primary medical school*" at Knoxville, Tennessee. Our friend, Dr. W. H. Anderson, and two associates, have also opened, at Mobile, Alabama, a preparatory medical school.

These efforts, on the part of energetic and qualified men, to improve the system of medical education, ought to meet the most hearty approval and support of the profession. It is but the commencement of a system which was recommended some time since by the American medical association, and which must soon become general. The defects of the old plan of office instruction have been universally felt, and it is known that *eight month children* of the best chartered institutions are generally deemed unqualified for the practice of medicine. But they make up the great mass of practitioners, and hence the low condition of medicine in this country.

It also affords us pleasure to announce that Drs. Peticolas, Scott and Haskins have associated themselves together for the purpose of conducting daily private examinations on the lectures of the Richmond medical college, and to give office instruction to such students as may be desirous of preparing themselves for the course of lectures. We learn that their private class is already formed, and we are sure that they will afford great facilities to students preparing for graduation.

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### The Fluid Extracts.

We call attention to the article of Mr. Laidley, on the subject of the Fluid Extracts recently added to our National Pharmacopœia. Those of our readers who have not yet obtained the late edition of the Pharmacopœia, will find all the necessary information concerning them in the article above referred to. As to the extracts themselves, we feel warranted in recommending them, especially to country physicians, who will find them as much more convenient to carry in their saddle-bags as they do quinine instead of bark. There are great advantages presented in these concentrated extracts, in the reduction of the dose, their cheapness and their being less disagreeable to take; and hereafter, there will be no excuse for regular medical men using Sands's, Townsend's, and the various other quack compounds of sarsaparilla, which are very costly, bulky, impure and inert, and are leading articles in the list of quack medicines.

Messrs. Adie & Gray have sent us, neatly put up, bottles of the extracts of senna, rhubarb and valerian, which they prepared in this city. We have tried the latter with great satisfaction. No opportunity has presented itself for testing the others.

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### Apology.

Owing to the length of several articles, much other matter of interest is excluded from the present number. We considered it but justice to give place to Dr. Wilson's paper in reply to Dr. Mettauer; but now, that our readers have become wearied with the subject of peritonitis, and a controversy on that subject would become monotonous, we feel it to be a duty to them to refer any further disputation on that subject which may be desired, to the "committee on practical medicine," or to that "on obstetrics," of the medical society. We have no doubt but that either of these committees will do justice to the papers received by them, and that they would appear in the "Transactions of the Society."

The interesting account of the strange epidemic, described by Dr. Anderson under the name of Adynamic Peritonitis, though long, demands a place and a perusal.

We recommend to our correspondents to make an effort to condense their communications as much as is practicable. This would be more apt to ensure their being read, and it would give us more room for selected matter of value without destroying our variety of original communications.

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Several errors unavoidably crept into the last number. By some strange trick of the type or otherwise, the name of C. S. MILLS, on page 569, was made C. S. Williams. We will do better in future.

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### Organization.

We are requested to announce that a meeting of the physicians of Louisa county will be held at the courthouse on November court day, for the purpose of organizing a county medical society, and of seconding the efforts now being made to organize the State society. We hope that every respectable physician in the county will attend.

Societies in other counties are being formed, and we believe the Petersburg society is soon to hold monthly meetings.

We have received several letters on the subject of a convention. They are generally in favor of holding it in Richmond at the end of April, or just before the national meeting here. One correspondent, however, suggests Norfolk as the place, and December 18th as the time.

We give below the views of Dr. Browne, to all which we agree, except the suggestions of *quarterly* meetings, and of making the society a *representative* body.

FREDERICKSBURG, Oct. 1851.

DR. P. C. GOOCH.

DEAR SIR—I am glad to see that the praiseworthy efforts which have been made and are now making by the physicians of Richmond to organize a general State society under the existing charter, meets with such general favor. I trust that in all proceedings to accomplish this desirable object, sectional feeling will be excluded. The very terms East and West produce a sickening effect, and foreshadow difficulties in our path towards an useful organization. I do hope that the universal sentiments of the profession will point to Richmond as the appropriate location of the parent society. It is the seat of the state government, and the facilities for reaching it from every section are greater than any other point in the state. Add to this our obligations to the members of the profession in Richmond for their untiring zeal in forwarding an object so important, and the number of physicians located in convenient distance, which would ensure a quorum at its regular meetings, when the inclemency of the weather might prevent so full an attendance at any other point, and I imagine few would doubt the advantages which attach to that location. I think the society of Richmond not only excusable, but that it deserves the thanks of the profession for assuming the responsibility of acting for the state at large; for without such action, an effective organization could not have been formed. I would suggest, that after the society is organized, the meetings should be *quarterly*, each auxiliary society having a representation, for business, &c. Should such a plan be adopted, I should hope that the Richmond medical society, embracing all the physicians in the adjoining counties, who could attend conveniently, may be kept up, and monthly meetings continued on the plan heretofore pursued. The essays read and the discussions on the subjects embraced in them, are highly interesting, and will form valuable additions to the medical literature of the state.

I write hastily, and only to let you know the views of the physicians in this section with whom I have conversed, and do not wish it published. I suppose it would be desirable to obtain the views of the profession in every part of the state, before the meeting in May, if practicable. It would be well for the officers of the society to adopt some plan for this purpose. If it could be ascertained that a large majority agreed on any one plan, it would facilitate the organization

of the society, and prevent discussion, which too often results in unpleasant sectional feeling. Of all subjects in the world, none retard business so much as establishing "*parliamentary rules*" and balancing sectional feelings. Yours, &c.

WM. BROWNE.

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**Prize Essays.**

The following circular should have appeared before, but we hope that it is not yet too late to induce many of our readers to enter the field of emulation.

**American Medical Association---Prize Essays.**

At the meeting of the American medical association, held in Charleston, S. C., in May last, the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award a prize to any number of them not exceeding five, if they should be regarded as entitled to such a distinction.

To carry into effect the intentions of the association, notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April 1852, to Geo. Hayward, M. D., Boston, Mass. Each communication must be accompanied by a sealed packet, containing the name of the author—which will not be opened unless the accompanying communication be deemed worthy of a prize. The authors of the unsuccessful papers may receive them on application to the committee, at any time after the first of June 1852; and the successful ones, it is understood, will be printed in the Transactions of the Association.

GEO. HAYWARD, *Boston.*

J. B. S. JACKSON, "

D. H. STORER, "

JACOB BIGELOW, "

USHER PARSONS, *Providence, R. I.*

*Boston, Aug. 20, 1851.*

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Dr. MANDEVILLE THUM, of Louisville, Ky., has accepted the appointment to deliver the annual address before the society of alumni of Hampden Sidney medical college next spring, in place of Dr. J. T. Forbes, who declined.

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Prof. AGASSIZ is delivering a regular course of lectures on comparative anatomy to the class of the South Carolina medical college, and we learn that his class is a very large one, as the ability of the professor and the importance of the subject deserve.

**Medical Society of Virginia—Adjourned Meeting, Sept. 30, '51.**

Dr. JAMES BEALE, *First Vice-President, in the Chair.*

(*Present—Seventeen Members.*)

This meeting was held for the purpose of considering the following resolution, which had been offered at a previous meeting:

“*Resolved*, That no member of this society shall consult with any physician whose application for membership of the same shall have been rejected.”

After some debate, the further consideration of the subject was indefinitely postponed by a vote of nine to eight.

The meeting then adjourned.

**October Meeting.**

Dr. JAMES BEALE, *First Vice-President, in the Chair.*

(*Present—Twenty-five Members and several Visitors.*)

After the reading of the minutes, the following gentlemen were ballotted for and declared duly elected members of the society:

|                          |   |                  |
|--------------------------|---|------------------|
| G. Lane Corbin, M. D.,   | - | Laneville, York. |
| Robert H. Power, M. D.,  | - | York.            |
| Jas. A. Flippo, M. D.,   | - | Caroline.        |
| Charles Williams, M. D., | - | Botetourt.       |
| J. L. Woodville, M. D.,  | - | do.              |
| J. M. Kent, M. D.,       | - | do.              |
| David A. McQueen, M. D., | - | Richmond City.   |

Letters of application were read from a number of gentlemen, whose nominations were seconded and laid on the table under the rule.

The essayist for the evening, Dr. Landon Rives, being absent, the subject of NEURALGIA was not taken up.

On motion of Dr. David H. Tucker, the subject of MALARIA, and its mode of action in producing fevers, was made the regular order for the November meeting.

Dr. Robert G. Cabell then proceeded to read the REPORT OF A CASE OF PULMONARY FISTULA, with remarks. [This paper will be found on page 608 of the present number.]

Dr. Bolton then read the report of a case of FATAL TETANUS ensuing on the application of ligatures to hemorrhoids.

Several specimens of abdominal and spinal supporters were also exhibited by Dr. Bolton, who said that they could be obtained from the agents now in the city.

The amendments to the constitution, which were offered at the last meeting, were read a second time and passed to their third reading.

The secretary laid on the table a personal pamphlet, received from Dr. Ramsay of Raysville, Georgia.

Many members having applied for the diploma of the society since the alteration of its form, a committee was appointed to have a number of them prepared.

On motion, the librarian was instructed to have certain books bound for the society.

A series of resolutions in relation to medical ethics and intercourse with medical men who may be rejected by the society, was offered, on which a long discussion ensued. Finally, the following was adopted as a substitute for the whole :

“*Resolved*, That no member of this society shall hold professional intercourse with any member of the profession who has been presented to the society and rejected upon grounds of professional misconduct.”

“*Resolved further*, That each member shall consider it his duty to report to the society all cases of professional misconduct which may come to his knowledge.”

After a personal explanation by a member in regard to his conduct towards a member of the profession, the society adjourned until Tuesday evening, November 18th.

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### Reviews and Bibliographical Notices.

*The Geological Observer*—By SIR HENRY T. DE LA BECHE, C. B., F. R. S., *Director General of the Geological Survey of the United Kingdom*. Philadelphia: Blanchard & Lea. 1851. 8vo. 695 pp.

Sir Henry De La Beche is a man of science, and is looked upon in England as a geologist of the first class. Some years since he wrote a work, entitled “How to observe in Geology,” which soon ran out of print. His present excellent work is especially adapted to “abridge the labors of those who may be desirous of entering upon the study of geology, and especially in the field. Its object is to afford a general view of the chief points of that science, such as existing observations would lead us to infer were established; to shew how the correctness of such observations may be tested, and to sketch the directions in which they may apparently be directed.”

It is said to be one of the best elementary works on the subject in the language. The edition before us is a very handsome re-print from the English, beautifully illustrated, and comes to us from the publishers, through A. Morris & Co., Main street.

*A Practical Treatise on the Diseases of the Lungs and Heart, including principles of Physical Diagnosis*—By WALTER HAYLE WALSH, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in University College, London, Physician to University College Hospital, Consulting Physician to the Hospital for Consumption. Philadelphia: Blanchard & Lea. 1851. 12mo. 512 pp.

This book has acquired a considerable reputation, and it is a valuable clinical manual to the practitioner as well as the student of chest diseases.

Part I. consists of two chapters—the first describing the facts and principles of physical diagnosis in regard to the lungs, the second going over the same ground in regard to the heart and great vessels.

Part II. consists of three chapters, clinically describing the symptoms, physical signs, diagnosis and treatment of the principal diseases of the lungs, the heart and the aorta.

Though Dr. Walshe's book is pretty complete, and a favorable verdict by the critics has been rendered, we doubt if Barth and Roger's hand-book of Auscultation and Percussion, together with Gerhard's work on the diseases of the chest will be either superseded or injured by it. The work may be had at Morris' bookstore.

*Diseases of Menstruation and Ovarian Inflammation, in connection with Sterility, Pelvic Tumors and Affections of the Womb*—By EDWARD JOHN TILT, M. D., Physician to the Paddington General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. New York: Samuel S. & William Wood. 1851. 12mo. 286 pp.

This most excellent little work has been reviewed or noticed with much commendation throughout England, France and America. If Dr. Tilt had not been already known by his able contributions to the journals, this treatise alone would have given him an enviable fame.

It is frankly confessed by the author, that he proclaims no *discoveries* of his own, but that he merely attempts to do for the ovaries what has been successfully done for most of the other organs by many eminent men. He establishes the fact that the *ovaries are the principal organs of menstruation*; and gives a more complete account, than any other one writer, “of the various ways in which sterility is produced by the action of inflammation on the ovarian tissues; of the great importance of ovarian peritonitis as a cause of disordered menstruation, and of the influence of ovarian inflammation in the production of uterine disease.” He attributes to some form of ovaritis, acute or subacute, nearly all the diseases too commonly referred to the womb, and he repudiates the terms *amenorrhœa*, *dysmenorrhœa*, *menorrhagia* and *leucorrhœa*, as inapplicable “to things substantive, because vague and injudicious treatment must spring from vague and general terms in medicine.”—“Such words,” says he, “can only be applied in an adjective sense, to point out the different morbid conditions of the or-

gans of generation, which produce in so many different ways the diseases of menstruation." Then, by a sort of inductive process of reasoning, in his introduction and prolegomenon, of 74 pages, he brings his reader to the consideration of the "*modus operandi*" by which inflammation, reacting on the ovaries, produces the several diseases of menstruation."

At first we thought that Dr. Tilt had fallen into the common error of specialists, of referring everything to the same cause and of considering too many different things the same disease. But upon perusal we were led away by his statistics and reasoning, and grant, with him, that the acute idiopathic form of ovaritis exists "much more frequently than is generally believed, while the subacute variety is of very common occurrence."

The treatise contains an immense amount of philosophy and practical information, which is drawn from observation and experience, and is communicated in a happy, clear and unostentatious style. We feel it due to our readers to recommend it to each one of them, as being worth many times its price and an attentive perusal and study.

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*Elements of general and pathological Anatomy, presenting a view of the general state of knowledge in these branches of science—By DAVID CRAIGIE, M. D., F. R. S. E., Fellow of the Royal College of Physicians of Edinburgh, and Honorary Consulting Physician to the Royal Infirmary—second edition, enlarged, revised and improved. Philadelphia: Lindsay & Blackiston. 1851. 1072 pp.*

The present edition, which has just been issued in a very creditable form by Messrs. Lindsay & Blackiston, has, we believe, been before the British public for near four years. Dr. Craigie had succeeded in making his first book an authority on the subject. The late edition is much increased in value, for the reasons that it has been corrected in accordance with the demands of modern pathology, whether in changing old teachings or in adding new facts. It is reputed to be one of the best compendiums of the elements of general and pathological anatomy in the language. By a faithful compilation from the most recent and reliable sources, Dr. Craigie has rendered his second edition worthy of the praise bestowed upon the first, at the time of its issue, by the profession generally. At some future time we may discuss a few points touching questions of pathology, to which we think full justice has not been done in the volume before us.

*Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine*; particularly adapted for captains of vessels, missionaries and colonists—with plain rules for taking the Medicines; to which are added directions for restoring suspended animation, the method of obviating the effects of poisons, a plain description of the treatment of fractures and dislocations, and a concise account of Asiatic or Spasmodic Cholera—revised and considerably enlarged—By R. DAVIS, M. R. C. S. *First American, from the thirty-third London Edition.* New York: S. S. & W. Wood. 1851. 12mo. 216 pp.

The title of this book sufficiently indicates its character, and it would be needless to dwell on its merits. To the ship-captain or missionary it is serviceable; for it gives, first, a list of medicines, their doses and properties; secondly, a description of dislocations and fractures, wounds, &c., with their treatment; and thirdly, an account of various diseases and the mode of their management. An American editor has made smart and important additions to it.

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*A Toxicological Chart, exhibiting at one view the symptoms, treatment, antidotes and tests of the various poisons, according to the most approved classification, viz. narcotics, irritants and narcotico-irritants—*By JAMES P. JERVEY, M. D. *Charleston, South Carolina.* 1 sheet.

This is a most valuable and useful sheet, intended to hang on the office wall. At a single glance, in the first column, may be found any poison; in the next, its symptoms; in the next, its treatment; in the next, its antidotes; and in the next, its tests. Though Dr. Jervcy lays no claim to any original information given on his chart, he has certainly contributed something very useful to practitioners, students and lecturers on medical jurisprudence, in the form in which a concise view of toxicology is presented to them. We hope our friend may be handsomely rewarded for his labor, and we are sure that he will be, if the profession can once see his chart.

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Notices of "Gregory on Eruptive Fevers" and other publications received are crowded out of the present number.

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We have to welcome to our table *The New York Medical Times*, a neat monthly of 32 pages, edited by J. G. ADAMS, M. D. Terms, \$2 per annum. It bids fair to be a good journal, and we shall attend to it in future. At the same time, we are called on to notice the obituary of the New York Register of Medicine and Pharmacy, which is no more.

**Occlusion of the os tincae in a case of Labor, and successful Delivery by Incision—Also, a case of removal of sixty-five Tumors in one Operation.**

[Reported, in a letter to Prof. Hamilton, by W. H. REYNALD, M. D., of Dansville.]

Three weeks ago I was sent for to visit a lady, Mrs. Goodrich of this place, in labor with her first child, of twenty-four hours' duration. When I arrived the pains were hard, frequent and pressing down. Upon examination, I could find no os uteri. I waited four hours, in hopes time might develop one, and made several minute examinations during that period of time, but each examination satisfied me there was no os nor cervix uteri. Everything was perfectly smooth where the natural opening ought to have been, and I could feel the child's head distinctly pressing down upon the soft parts. I now told the husband and ladies present the situation of the patient, and requested another physician to be called in. Dr. Hovey was sent for; and subsequently Dr. Cook saw her—all agreed that the os and cervix uteri were wanting, and that there was no natural opening for the child to pass through. Before Dr. Cook saw the patient, Dr. Hovey and myself made use of two vaginal speculums—one of gutta percha, and the other of German silver—both excellent instruments. We saw distinctly every part of the vagina—examined minutely the back, sides and upper part, and where the os uteri naturally ought to have been, here we examined with a probe introduced through the speculum, but nothing in the shape of the smallest opening could be found. Of course nothing could be done but to cut and make an artificial opening; this was done nine hours after I first saw the patient. I wound a spear-pointed bistoury within half an inch of its point, and by carrying it between my index and my middle fingers, I made an incision of about two inches in length at the exact spot where I supposed the os uteri naturally ought to have been; water followed the incision. The opening dilated upon the contraction of the womb. The incision continued to dilate very much as the natural os would upon the contraction of the womb, and at the expiration of two and a half hours she was safely delivered of a healthy female child weighing nine and a half pounds. The patient has recovered without one bad symptom.

Fourteen months ago, I was desired to see a son of Mr. — Murray, ten years of age, of Ossian, Allegany county, eight miles from this place. I found the boy small of stature, very pale, with a large tumor on the left side of the neck. He looked like a child with two heads, only the tumor was the largest. It occupied the whole space from the root of the ear to the acromion process of the scapula; filled up everything from the spinous processes of the cervical vertebra to the clavicle, run from the ear along the lower side of the cheek and jaw bone, to beyond the trachea on the opposite side of the neck; so that in fact it filled up and occupied a little more than the entire space on the left side of the neck, and threw the head on the opposite shoulder. I removed the entire mass, with the assistance of Doctors

Endress and Patchin; we took out sixty-five distinct tumors, attached together by a cellular substance from the size of a goose egg and larger, down to that of a marrowfat pea; they were of a fatty substance, I think. They filled a half gallon jar after their removal. The patient recovered so as to enjoy tolerably good health for eight months, when a number of small tubercles began to form around the margin of the old extirpated tumor—most were on the shoulder, some near the ear, and a few near the clavicle and spine; all were on the circumference, and none on the cicatrix. He soon after this began to complain of a pain in his left side, just below and beneath the false ribs. His father fetched him to my house; upon an examination I found a tumor of a large size under and coming out from beneath the ribs, and quite painful to the touch. I told the father I could do nothing for his son, the disease was of a malignant nature, and that he would die. He lived twelve months from the time of the operation, and died. His father sent me word at the time of his death, according to agreement; but in consequence of my being from home at the time, I did not get the information, and no post mortem examination was made, which I much regretted.

We kept our little patient fully under the influence of chloroform during the whole of the operation, which lasted nearly two hours, but full one half of the time we desisted from cutting, and applied restoratives, as the patient sunk low. You may probably think we used the chloroform too long; but we weighed the chances of the patient in our own minds, for and against the influence of chloroform on his nervous system, before the operation. We believed he would sink under the influence of the operation without the use of the chloroform, and that he could but die with its use. We decided, after mature consultation, to use the chloroform—it did, upon the whole, well—the patient had no knowledge of pain.

After the *entire mass, externally, was removed*, we discovered that a tumor of the size of a black walnut, was lying under the clavicle; this we removed without much difficulty; then another was discovered lower down, of about the same size; this I seized with two tenaculums, one in each extremity of the tumor—an assistant held them firmly and made a little pressure upwards, when, partly by dissecting, and partly with the handle of the scalpel, and partly with my fingers, I succeeded in extracting this also; but still there was another one of the same magnitude, lying yet deeper and beneath the last one—this laid below the second rib; it was also seized with two tenaculums, and firmly held by an assistant, until partly with the handle of the knife, but mostly with my fingers, and a very little dissection with the knife when it could not possibly be avoided, I succeeded in getting *it all out*—no more could be felt. It is unnecessary to describe the situation of the patient, from day to day, during his convalescence; for the first few days he vacillated between hope and fear, but the powers of nature came to our assistance, and the patient recovered so far as to enjoy tolerably good health for eight months; ate and slept well, the countenance improved, and he looked better than he had for two years before the operation. The head resumed its natural position, and the

rotary motion was good. The patient went to school some two or three months during this time. This enormous mass was only two years in growing; when it was first discovered it was of the size of a filbert, or smaller, and situated directly at the root of the ear. Mr. Murray says many applications were used to discuss the tumor, but they all (he thinks) hastened its growth.—*Buffalo Medical Journal*.

### Convulsions of Children.

Although there are many varieties of this disease and many differing symptoms, its pathology would justify the assertion, that its great predominating source is found in the changes and vicissitudes occurring during first dentition, and which produce those phenomena resulting from a disturbance in the nervous system, or depending upon derangement of the gastric juices, at such times when it is known that the process of dentition is usually working a great revolution in the whole system, and from which source arises the extreme mortality of infant life, and principally from convulsions. Post mortems rarely, if ever, shew other signs, seldom exhibiting spinal or cerebral inflammation, and the attack having been accompanied by uneasiness, fretfulness, diarrhoea, and other symptoms, universal attendants upon difficult dentition.

Again, we see its prevalence in children who possess all the attending signs of tardy, difficult or irregular dentition—such as want of good development in the muscular system, the bones small, thin and delicate, cranium badly shaped, either in being too large or too small, or irregular, with consequent disproportion in the brain, large abdomen, small limbs, a meagre and sallow complexion, with other emaciated appearances—all denoting unusual difficulties in cutting of the temporary teeth, and which process will invariably produce convulsions in subjects possessing the before-mentioned traits; for, undoubtedly these congenital defects may exist in the constitution as latent causes, requiring only the action or operation of a painful and disturbed dentition to excite and put in force, without which they might exist until the system was capable of correcting or opposing their consequences.

Other exciting causes are sometimes found to produce convulsions—such as the excessive nervous sensibility of an infant, cerebral inflammation, anæmia, a paroxysm of fever, the presence of worms, excess or diminution of nervous vitality, &c. &c., but by no means as frequent as an idiopathic as a symptomatic disease, which, as said before, is generally the effect of dentition. When attacks appear without any premonitory symptoms in a delicate or nervously constituted child, of vivacious deportment and conduct, and if after the paroxysm, it assumes its wonted condition, there can be little doubt of its being purely nervous and idiopathic, which becomes a certainty by a frequent repetition of fits, separated by intervals of undisturbed health.

Those convulsions which are purely symptomatic arise principally from dentition, from the great afflux of the juices to the head and fol-

lowing congestions and increased susceptibility to cerebral derangements and nervous excitability at the same time, abundant salivation, diarrhoea, fretfulness, and muscular spasm. The gums are swollen, tinged and excessively tender, often so much so as to give extreme pain to rub or even touch them; again, the greatest satisfaction may be expected from friction. Now, as far as we have been enabled to learn, under these circumstances no treatment can be employed as serviceable as the free scarification of the gums. Often, nothing will assist the little sufferer but this, which, when performed, operates like magic to its almost instant relief, and, under these circumstances, nothing can be more pernicious than to treat such patients with drugs and medicines, for they seldom if ever recover from such debilitating effects during so vital a period of their existence. We do not enter into an argument with those who oppose the use of the lancet, as facts speak for themselves, and are sufficiently numerous to establish this point in the mind of every practitioner—that convulsions resulting from dentition as a primary or secondary cause, must be treated first by the free use of the lancet; cutting the gums in a crucial incision; afterwards, such treatment as will tend to improve the general tone of the health and constitution of the patient. R. M.

[*Dental Times.*

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The “Dublin Journal” gives the following diagnosis of Asthma and Œdema of the Glottis, as contra-distinguished from each other:

**Diagnosis between Spasmodic Asthma and Submucous Laryngitis or Œdema of the Glottis.**

*A.—Symptoms in Common.*

The patient is seized with a fit of suffocation, which soon attains its highest degree. The countenance becomes congested, the eyes starting from the orbits, and at the same time the extremities become cold; in short, presenting the appearance of asthma in its severest form.

*B.—Distinguishing Symptoms.*

**IN ŒDEMA OF THE GLOTTIS.**

1. Inspiration produces no painful sensation in the chest, but only in the larynx, to which the patient refers all his difficulty of breathing.

2. Every effort to draw in the breath is accompanied by a wheezing sound.

3. Expiration goes on uninterruptedly.

4. The patient thinks there is some large foreign body in his larynx, which he would gladly get rid of.

5. The suffocative attack lasts only from two to four minutes.

6. It returns in from five to ten minutes.

7. The cough is dry and of a croupy sound.

**IN ASTHMA.**

1. The impediment to inspiration is proved to be not so much in the larynx as in the chest.

2. Inspiration takes place without any peculiar sound in the larynx.

3. Expiration and inspiration are equally difficult.

4. No sensation as of a foreign body in the larynx.

5. The asthmatic attack lasts several hours.

6. It returns at the utmost in about every twenty-four hours.

7. The cough moist and with the usual sound.

### The Gold used by Dentists.

To the Editor of the Times.

SIR—My attention was very forcibly drawn to a short paragraph in the corner of the Times of Monday, headed "The gold used by Dentists," and I could but regret, for the public benefit, that a caution so valuable had not occupied a more prominent place in your widely circulated journal.

It has happened, unfortunately, to a member of my family, that a most severe and distressing disease has originated from the very cause assigned by the writer of that article, namely, the impure metal used in the construction of artificial teeth. Unhappily for me, in my ignorance of the results, I consulted a dentist upon the strength of a flaming advertisement, rather than upon the recommendation of my medical attendant; and now, while I witness the distressing results in my own family, I feel assured that your caution may be the means of preventing others from incurring the same danger.

The writer of the paragraph proposes that all the gold used in the manufacture of teeth should be stamped as standard gold—a very excellent suggestion; but I am informed that among the respectable members of the profession the gold employed is of a standard even higher than that which is stamped, and that from this metal no evil results can possibly accrue, but that where a competition exists to manufacture teeth as men would make penknives, at so much per dozen, the quality of the metal is to be suspected. I will not occupy more space than to express a hope that my desire to save others from danger may be a sufficient apology for offering this for your publication.

I am, sir, your obedient servant,

A. B.

March 20th.

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### Swain's Vermifuge--the American Patent Medicine.

|                       |   |   |             |
|-----------------------|---|---|-------------|
| Semen contra,         | - | - | 60 grammes. |
| Valerian,             | - | - | 45 "        |
| Rhubarb,              | - | - | 45 "        |
| Spigelia,             | - | - | 45 "        |
| White agaric,         | - | - | 30 "        |
| Essence of tanacetum, | - | - | 2 "         |
| " cloves,             | - | - | 3 "         |

Boil the first five substances with sufficient water to form 3 kilogrammes of decoction; dissolve the essence in 1 kilogramme of alcohol; add the decoction and filter it.—*Bulletin Therapeutique.*

### Examination of the Genital Organs of a young Woman who was Assassinated during Menstruation.

The researches of Bouchet, Bischoff and others have satisfactorily shewn that menstruation coincides with the spontaneous maturation and discharge of ova. An observation by M. Jauzer (*Medicinische Annalen*) adds another to the many recorded cases which countenance the ovular theory.

The young woman who forms the subject of the present case commenced to menstruate four days prior to her murder. The autopsy was made sixteen hours after. The surface of the left ovary presented a dark red spot, surrounded by minutely injected capillary vessels; this spot was formed by a little globular mass embedded in the ovary. The mass in question was separated from the tissue of the ovary by a thin, yellowish envelope, composed of fibres intermixed with fat globules. In close apposition to this membrane a small, irregular spherical body was seen, composed of cellular tissue and fat.

The right ovary contained two corpora lutea, the Fallopian tubes were swollen, and contained a fluid resembling and composed of epithelial scales. There was no trace of an ovule, or of spermatozooids. The uterine mucous membrane was injected, and had a velvety appearance; it was easily detached with the scalpel. It was evidently thickened, and was covered with a thin, mucous secretion.

From this case it appears that the uterine mucous membrane, at the menstrual period, assumes an appearance analogous to that which it puts on during gestation, especially as regards the development of the mucous follicles.—*Provincial Medical and Surgical Journal*.

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### Medical Reform, No. 2.

BY JAMES H. STUART, M. D.

In my last I endeavored to depict the *necessity* for a medical reform; in my present, I purpose modestly to suggest the *means*. Legislative interference is, as before stated, for obvious reasons, manifestly out of the question. But we yet have left to us an unfailing resort. The great American Medical Association is, or ought to be in the medical world, a legislative body from whose decision there can be no appeal. It is composed of delegates, chosen for their competency, from all sections of the Union, and, of course, perfectly conversant with the wants and interests of their own peculiar districts. Recommendations from it have heretofore had almost the weight of law. Witness the six months' lecture term, which was immediately adopted by that noble old institution, the University of Pennsylvania, and has been since gradually coming into vogue among the other respectable schools of our country. In fact, as anything emanating from that body is but an expression of the will of the educated practitioners throughout the Union, it is impossible to withstand it. Now let the delegates to this great power once fully understand the necessity

## Statistics of Mortality of Baltimore, Maryland, in 1850.

BY L. S. JOYNES, M. D., OF ACCOMACK, VIRGINIA.

[Extracted from a Letter to the Editor.]

Having already furnished you with detailed statements concerning the mortality of the city of Baltimore, during a period of fourteen years, ending with 1849, (which statement was published in the *American Journal* for October 1850,) I will seize the present opportunity to add a word in reference to the mortality for the year 1850. I am chiefly induced to do so by the fact that the decennial census taken in that year enables us to compare the mortality with the population.

The population of Baltimore in 1850, as given in a publication believed to be authentic, was as follows :

|                   |   |   |   |   |        |               |
|-------------------|---|---|---|---|--------|---------------|
| White population, | - | - | - | - | -      | 141,440       |
| Free colored "    | - | - | - | - | 24,668 |               |
| Slave "           | - | - | - | - | 2,946  |               |
|                   |   |   |   |   | <hr/>  | 27,614        |
| Total,            | - | - | - | - | -      | <hr/> 169,054 |

Thus it appears that the total population in the decennial period 1840-'50, increased very nearly sixty-five per cent.; the increase of the white population was but little less than seventy-four per cent., and that of the black population nearly thirty per cent.

The mortality for the year 1850, as given in the annual report of the board of health, was in the

|                   |   |   |   |   |       |             |
|-------------------|---|---|---|---|-------|-------------|
| White population, | - | - | - | - | -     | 3,725       |
| Free colored "    | - | - | - | - | 641   |             |
| Slave "           | - | - | - | - | 259   |             |
|                   |   |   |   |   | <hr/> | 900         |
| Total,            | - | - | - | - | -     | <hr/> 4,625 |

Excluding the still-born, (415 in number,) the deaths amounted to 4,210.

From this it is evident that, notwithstanding the vast increase of population which the census exhibits, the increase of mortality has been still greater. The deaths in 1850 are more than double the number of those in 1840, and by referring to the tables contained in my paper above referred to, it will be found that this disproportionate mortality was already remarkable in the year 1849, and one or two years preceding. Consequently the *ratio of mortality to the population*, which I formerly gave, does not hold good for these more fatal years. The ratio for 1850, (excluding the still-born,) was 1 in 40.13 of the general population; whereas in 1840, it was 1 in 50.13; and for the nine years 1836-'44, as determined by calculation, 1 in 45.42.

The causes of this excess become evident on referring to the de-

tailed statement of the causes of death, given in the reports of the board of health. I have no design at present to trouble you with the details of the tables for 1850, but will merely state that the deaths from *diseases of the bowels* of the *zymotic class* exceed those of any former years, at least since the beginning of the period which I have made the subject of investigation. The total number of deaths from these diseases—cholera morbus, cholera infantum, diarrhoea and dysentery, was 651. The only preceding year in which their fatality at all approaches this high number was 1849, when the aggregate was 539. In 1848, the next most fatal year from these diseases, it was but 314. The increased fatality of dysentery is especially remarkable. Thus we find that, in the thirteen years preceding 1849, the deaths from this disease varied from 7 to 46 annually. In 1849 they suddenly rose to 148, and in 1850 to 237. So the deaths from diarrhoea, which had never exceeded 15 in any one year, amounted to 69 in 1849, and 40 in 1850, and those from cholera morbus, of which the annual maximum had been 9, amounted in those years respectively to 32 and 27. The deaths from cholera infantum, (amounting to 347 in 1850,) exhibit an increase more nearly according with the annual increase of population.

The year 1850 also exhibits a great increase of deaths from *small-pox*. Since the years 1845 and 1846, when 225 persons died of that disease, comparatively few cases of the disease had occurred, the deaths in the three years following numbering 1, 4 and 19 respectively, to which may be added 5 deaths from varioloid and varicella. In 1850 the fatal cases of smallpox amounted to no less than 145, while 8 are set down to varioloid, and 3 to varicella, making 156 deaths due to this group of diseases.

If the excessive mortality from the zymotic diseases which have been mentioned was deducted from the sum total of deaths for the year 1850, it would leave the ratio of mortality for that year almost exactly the same with that which I formerly gave as the average rate for the city of Baltimore.—*American Journal of Medical Science*.

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### Monstrosity.

Drs. J. Cohen and M. A. Durr, physicians of Jacksonville, Telfair Co., Georgia, have in their office a curious natural phenomenon, in the shape of a negro child, born upon the premises of David J. Williams of that town, which weighed twelve pounds, and had two well formed and separate heads and necks, two arms and two spinal columns, three legs with feet attached, two in their natural position and the other coming out on the back of the region of the hips, with two hearts, partially joined together, two lungs, and other anomalies.

[*Boston Med. and Sur. Journal*.

THE



AND

## VIRGINIA MEDICAL GAZETTE.

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No. 12.]

RICHMOND, DECEMBER 1851.

[Vol. I.

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### Report of a Successful Case of Trephining for Compression of the Brain.

BY J. W. H. TRUGIEN, M. D., OF PORTSMOUTH, VA.

The report of the following case has been delayed until its result could be clearly established. It has ever been too much the custom with physicians to be hasty in the report of their cases—and many which have been published in the journals as successful, though in truth they were so, as far as their immediate result was concerned, have ultimately proved otherwise; and that, too, in some instances, it is to be feared, before the pages which contained the record of them had been given to the public. Such a course of proceeding is unfair, and detrimental to the true interests of our science, even though not so designed. The writer hopes, in the narration of his case, to avoid the same error. The subject of this report has so far recovered as to have resumed the active duties of life, being now engaged as a watchman at the railroad depot at this place. His general health is very good—even better, according to his own statement, than before the reception of the injury. It is but fair to state, however, that the wound of the operation is not yet entirely healed, a slight purulent discharge continuing, owing to exfoliation of the outer table of the skull. Several pieces have been removed at different times, and a small portion at the dressing of yesterday. Mental integrity has been completely restored, and the special senses (with the exception of that of sight) are unimpaired. Vision is not as good in the left eye as in the right. In the relation of the case I shall merely transcribe my notes made from day to day during its course.

June 25th, 1851.—Called to see J—— T——; occupation, laborer; aged 25; married. Stabbed in the head, a few minutes previously, with a knife; particular kind of knife not ascertained; situation of wound above left frontal eminence; sitting up; pale from loss of blood; no fracture or other lesion of bone discovered. Injury considered, and treated as a simple penetrating wound of the scalp.

26th.—Met patient on the street, feeling very comfortable.

27th.—Called to have wound dressed. Appearance good; union by first intention; feels comfortable; some restlessness, however, the preceding night; bowels unmoved since infliction of injury. *R Magnesiæ sulph. ʒj.*

29th.—Again called to have wound dressed. Cicatrization complete; some uneasiness about the head, attributed (at the time) to excessive heat of weather and the thick growth of hair which covered the head, and which the patient refused to have shaved. It is proper to remark, in this place, that a medical friend present at the time thought he perceived some tumefaction below the wound and above the left eye. And as it will have some bearing upon the subsequent history of the case, mention must here be made of what was afterwards learned from the patient's wife, viz: that on his return home this day, he for the first time manifested some mental disturbance. On entering the house he remarked to her, that he should have to go out again to have his hair cut; and "I want, and I want," he slowly and hesitatingly continued to repeat, without the ability of telling what it was in reality he wanted. Getting worse and worse, he did not go out that day. From this date until July 2d, the history of the case is imperfect, as during this time he was under the treatment of another physician.

July 2d.—Saw patient again; found him in a half comatose condition; stupidity of expression; tumefaction below the wound; skin pitting on pressure; great disposition to sink back into the somnolent state after being aroused; pupils dilated; respiration slow, but unattended with stertor; great disposition to gape and yawn; pulse 60, full, slow, and laboring; bowels constipated, and urinary secretion deficient. The attending physician had very properly cupped him back of the neck, purged him, applied counter-irritants to the lower extremities, and placed him upon a mercurial course. No opening had been made into the swelling, from the impression that it was of an oedematous character. Hair had not been removed; recommended its removal.

July 7th.—Again a gap occurs in the history of the case until the above date, the patient not having been under the care of the writer during this time. Hair had been cut off, and for the first time another wound was discovered about an inch and a half above the first, and as nearly as possible over the coronal suture; surrounding tumefaction much reduced by the discharge of pus which was issuing from the wound. The introduction of the probe discovered the bone to be injured, the knife having penetrated it—to what distance, or whether it had passed through the diploë and internal table, could not then be ascertained.

*Symptoms.*—Great somnolence; stupid, vacant expression of countenance on being roused; much gaping and yawning; pupils dilated; some ptosis of left eye-lid; free discharge of pus; puffiness of scalp gone; no pain or uneasiness of head; respiration slow; no stertor; tongue protruded without difficulty—coated with a yellowish fur; pulse 60, full, slow, laboring; bowels constipated, and urinary secre-

tion deficient; intellect much impaired; memory prominently implicated; patient unable to recall the names of even his wife and children; unable to tell whether he had eaten or drunk anything that day. A watch being shewed him, he tells the hour, but not the minutes before or after a particular hour. Ordered one of the following pills every half hour, until free purging ensued:—℞. Ol. tiglii gttæ ij—micæ panis q. suf. Ft. Mass. Div. in pil. No. iv. Sinapisms to the back of the neck and lower extremities; egress of pus to be promoted by warm applications to the wound; light, unirritating diet.

8th. Symptoms same as yesterday; no action from Croton oil. Ordered following enema: ℞ Ol. tereb. ol. ricin. aa. ʒ j.

9th. No improvement. Enema did not act, though thrice repeated. ℞ Hyd. chl. mit. gr. xx., jalapæ. pulv. gr. xxx., and repeat enemata.

10th. Much the same. Bowels twice moved.

11th. More rational to-day.

12th. Better to-day; understands questions, and replies with more readiness. Conversed with his wife, noticed his children, and recognized different individuals. Free discharge of pus from the wound. Pupils dilated, pulse 48, full and strong. Urine voluntarily discharged. Ate some light, nutritious food.

13th. Passed a bad night. Early in the evening restless and uneasy; tossing the head about, and then sinking back into a state of somnolency, amounting to almost complete insensibility—in which condition he was found at the visit of this morning. Utterly unconscious of what is going on around. Pupils dilated, and not responding to the action of the light. Pulse full, slow, apoplectic, 44 in the minute. Inability to protrude the tongue. Wound discharging pus freely.

14th. No improvement. Operation of trephining determined upon, after a fair statement of its dangers to the family.

Four o'clock, P. M. Patient lies as if in *articulo mortis*. In the presence of Drs. Tho's Williamson, surgeon U. S. N., J. N. Schoolfield, Young, Maupin and Jas. Williamson of this place, Drs. Moore, Upshur and Wright of Norfolk city, and Dr. J. W. Garlick of King & Queen, the operation was performed, as follows: The hair having been shaved off to the extent of several inches around the wound, a crucial incision two inches in extent was made over it, and carried down to the bone. The hæmorrhage from these incisions was considerable. The crown of the trephine was then applied, and with it, for a guide, the pericranium was divided, by means of a scalpel, all around, so as to permit the teeth of the instrument to come in contact with the bone directly; the centre pin adjusted and the operation of boring commenced and gradually and carefully continued until the bone was completely drilled through and the button removed—whereupon a gush of purulent matter instantaneously issued from an opening in the dura mater, and continued to flow to the extent of an ounce and a half—the patient immediately emerging from his state of stupor and conversing with the by-standers. The pulse, which at the commencement of the operation was 44, at its close had mounted up to 80. Wound dressed with adhesive strips and compress, one end being left

loose for the discharge of pus. Circular bandage also used to confine a compress over the middle temporal artery, which had been divided and was bleeding. My friend, Dr. J. Williamson, very kindly consented to remain with him during the night, which was passed quietly.

15th. Doing well; perfectly rational; pulse 70; has taken some light nourishment. Wound looking well; lightly dressed.

16th. Quite comfortable; pulse 60; pus continues to flow from opening in dura mater. A probe introduced into this opening was passed down to the depth of two inches and a half by measurement, in an oblique direction, towards the anterior corner of the left lateral ventricle.

17th. Slept quietly last night; pulse 60; wound looking well.

18th. Removed  $\frac{3}{4}$  iss. of pus from abscess of the brain, by means of a small glass syringe, the nozzle of which was introduced into the opening through dura mater. Bowels confined. Ordered ol. ricini  $\frac{3}{4}$  ss.

19th. Removed half an ounce of pus from abscess.

20th. Doing well. Found patient sitting up smoking pipe. From this date the patient continued to improve until the present time, when his condition is as described in the remarks prefatory to the case.

REMARKS.—Injuries of the head have ever been subjects of greatest interest to the surgeon, as well from their frequent occurrence as from the obscure and anomalous symptoms occasioned by them. Owing to these latter circumstances, their diagnosis is complicated; prognosis rendered extremely fallible, and treatment undecided, and too often inefficient, if not actually hurtful. Nor is it so much to be wondered at, when we consider how obscure and unsettled are the phenomena of the brain and nervous system, even in their normal action. But when disturbed, as is most generally the case, by such injuries, they are rendered doubly obscure and unintelligible. Concussion and compression of the brain have ever engaged the most serious and earnest attention of the surgeon in their investigation; and although when well marked, there can be but little difficulty in diagnosing the one from the other, there are cases which puzzle the most discriminating. The two lesions may insensibly run into each other—what was concussion in the first instance becoming compression afterwards. Or there may be such a combination of symptoms that we are in doubt whether to call it a case of concussion or one of compression—the two morbid conditions seeming actually to co-exist. In the foregoing case the symptoms, though at first ill defined and obscure, were obviously due to compression of the brain. But what was the compressing force, was not equally clear. A portion of the internal table of the skull might have been detached by the force of the blow, and caused pressure upon the cranial mass. Or the same blow might have ruptured one or more of the delicate meningeal arteriolæ, and given rise to pressure from hæmorrhage. Again—inflammation may have been lighted up in the meninges of the brain, and caused pressure, by the effusion of pus upon the cerebrum. In fact, some one or all of these reasons were adduced in explanation of the symptoms, by various medical gentlemen who saw the patient. However plau-

sible, none of these explanations were satisfactory to the writer, who, early in the case, and before the second wound was discovered, referred them to penetration of the bony parietes of the skull, as well as the membranes, by which inflammation and subsequent suppuration had been occasioned. Hence, the gradual supervention of the symptoms. This opinion, which he is happy to state was concurred in by one or two of his confrères, received an ample confirmation by the result of the operation; for the button of bone removed by the trephine shewed a cuneiform perforation of the third of an inch in length, as also the dura mater to the same extent. On reversing the button also, a spicular of bone attached to its lower angle was discovered.

With regard to the treatment of this case, candor compels the admission that it might have been more actively antiphlogistic. But whether this would have at all conduced to a more favorable result, is very questionable. My own conviction is that it would not, and that the freest general depletion, the only part of the antiphlogistic course omitted, would have been unavailing in obviating the necessity of an operation. Still, I am free to admit that under the same circumstances, I would most copiously deplete from the general circulation, in order to give the patient every chance of recovering, without exposing him to the risk of such an operation, which, though successful in instances innumerable, is always attended with much danger to the patient, and, in multitudes of cases, fatal, either from the supervention of acute inflammation of the brain and its meninges, or the more remote consequences of hernia cerebri. No case in medicine or surgery, however simple, can fail, if closely studied, to afford useful and instructive practical lessons. The study of this case has been replete with such to the writer. It adds another to the many recorded instances of severe injury to the brain, from which recovery has taken place under seemingly the most unfavorable circumstances, and encourages us never to despair of affording relief even at the last extremity. A volume might be filled with cases illustrative of what has been said. The recorded experience of army surgeons upon this point is indeed almost incredible, but for the undoubted veracity of the writers. The work of Mr. Guthrie on "Injuries of the Head," is full of cases of this kind. The conclusions of this surgeon, after the enumeration of many cases in support thereof, are that "injuries of apparently equal extent are more dangerous on the *forehead* than on the side or middle of the head, and much less so on the back part than on the side." He further remarks: "I have never seen a person live with a foreign body lodged in the *anterior* lobe of the brain, although I have seen several recover with a loss of a portion of the brain at this point." The medical journals of the day have contained the records of recovery from the most extensive and terrible injuries of the head. Dr. Harlow's case of "recovery from the passage of an iron bar through the head," (*vide* American Journal of Medical Science, July 1850,) must be familiar to every professional reader. Physiological experiments too, as those of Flourens, Majendie, Mayo and others, clearly demonstrate that the most severe injuries may be inflicted upon the

brain with comparative impunity, and that it may be even sliced away to a very considerable extent, without destroying the animal.

Without protracting these remarks, I would, in conclusion, call attention to two practical points connected with the case. Mention has been made in the detail of the case of the use of the syringe in evacuating the abscess of the brain of its pus. Mere position would not have accomplished this, as it was fairly tried. Suction, by the instrument, however, was entirely successful in the removal of every particle of pus. The writer remembers having heard this plan recommended by Dr. William Gibson, of the University of Pennsylvania, and can bear testimony to its efficiency.

One word in regard to the construction of the trephine. As ordinarily made, there is no provision for the division of the pericranium; and unless this is effected by means of a scalpel, that membrane is mangled by the teeth of the instrument, much to the detriment of the patient. This is entirely obviated by the use of an instrument such as that suggested and figured by Dr. Gibson, in his *Work on Surgery*, vol. ii., page 419, eighth edition.

*Portsmouth, Va., November 3d, 1851.*

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### **A Case of Strangulated Hernia---Operation, with fatal result.**

BY P. S. GRIGG, M. D., OF FARMVILLE, VA.

Ben Webber, colored man, æt. 48, has labored under scrotal hernia for 20 years, and during this long time has been subject to frequent momentary strangulations, but never failed to relieve himself, either by position or manipulation, till the present occasion. He lives a mile or two from town; and while here on the 16th Sept., strangulation came on about 8 o'clock, P. M.; it occurred at the circus, (then exhibiting in our village,) and of course he could not think of leaving till he saw the dragon killed. The exhibition closed about 10 o'clock; immediately afterwards he made repeated attempts to return the bowel in his usual manner. All means in his power proving ineffectual, he started home, but was only able to get a short distance before distressing pain compelled him to return. I was called to see him at 12 o'clock; found the sac distended to the size of a half gallon jug—the neck as rigid as rawhide; the poor fellow in a state of awful anxiety and apprehension, with now and then severe retching. The size of the sac rendered it very inconvenient to manipulate; yet I occupied 15 or 20 minutes in many vain attempts to return by taxis, and am sorry to say my best directed efforts were unavailing. I then gave him a dose of ol. ricini, with 30 drops laudanum, which had no effect. Between 4 and 8 o'clock, A. M., of 17th, I took blood nearly to syncope, nauseated with t. emetic, without the slightest giving way of the stricture. I next gave a heavy dose of c. e. colocynth and calomel; this was thrown back promptly, for the retchings had continued at short intervals since I first saw him.

Finding the case becoming hourly more hopeless, I asked a consultation with Dr. Lyle and Dr. Chappell of this place. Dr. Lyle sug-

gested the propriety of tapping, feeling confident there was associated with hernia an accumulation of fluid in the vaginal tunic; and very well was the diagnosis verified, when on introducing a trocar and cannular, we witnessed the discharge of a pint of brownish colored serous fluid. This lessened considerably the tension of the sac—still taxis could avail nothing. We next ordered the entire sac enveloped in ice; and immediately on its removal, resumed our efforts at taxis, but with no better success.

It was now 12 o'clock of the 17th, and the condition of the patient beginning to threaten a fatal termination. The medical gentlemen above alluded to being present, and favoring a timely operation, we agreed to meet at 4 o'clock, and if by that time there was no change for the better, to divide the stricture by cutting. We accordingly met, and finding things growing hourly more desperate, determined to operate at once. Having made the necessary preparation and put the man in a suitable position, we found a long incision unavoidable, and as a landmark to the operator, drew a chalk line to define the direction and distance to be followed in the operation. Taking the knife in hand, I made a cutaneous incision five inches long, in a direct line with the axis of the neck of the sac, commencing three inches above Poupart's ligament. The sub-cutaneous tissues being thin, a few touches with the knife exposed the external oblique muscle—this being divided on the director, the crural arch presented. Again making use of the director, I cut through the conjoined tendon, and divided the two remaining muscles to the extent of the original wound. At this moment there was evident slackening of the stricture—so much so, we delayed a reasonable time, and made further warrantable attempts to reduce by taxis, hoping to reduce without opening the sac; but failing in this, we pinched up a little bit of the sac at a time, till an entrance was effected for the director. Having made an extensive opening, we found seven or eight feet of gut in the sac—that portion of intestine immediately around which the stricture passed was ecchymosed, of a dark claret color, but still we saw no sign of existing gangrene.

We could not readily return the bowel—but the difficulty encountered in doing so was chiefly due to the presence of some fluid and much gas it contained.

The lips of the wound were now brought in apposition and fixed by half dozen stitches, and a pretty firm compress and supporting bandage applied. There was no artery touched, and consequently the loss of blood did not exceed an ounce; in about half an hour he complained of feeling chilly, with feeble pulse, but rallied promptly under the use of a little brandy. We saw him again at 9 o'clock—a little tympanitic; complaining of some tenderness over the bowels; gave him to-night—

|                   |   |         |
|-------------------|---|---------|
| R Hyd. submuriat, | - | gr. vi. |
| Pulv. opii,       | - | gr. i.  |
| M.                |   |         |

8th. Passed a very comfortable night; no motion from bowels; tympanitis increased; gave him this morning—

|                 |   |   |   |                   |
|-----------------|---|---|---|-------------------|
| R. Ol. ricini,  | - | - | - | $\frac{3}{4}$ ss. |
| Spt. terebinth, | - | - | - | 3 ss.             |

After an hour or two, ordered warm water thrown in the bowel. Called in the evening; no action from bowels yet; complains of nothing, save tympanitic distention of the belly—for which we ordered extensive fomentations kept up during the night; takes calomel and opium again to-night.

19. Quiet this morning; no stir from bowels yet; order ol. ricini and spt. turpentine, as on yesterday morning; warm water enema-ta likewise kept up at proper intervals. Called in the evening—the injections have been returned during the day with feculent odor and discoloration.

20th. Had an easy night, and two pretty free operations from the bowels since we saw him; lips of the wound look somewhat flabby, and are only partially united; suppurates very little.

21st. Doing very well—bowels now acting regularly.

22d. Getting on quietly; insists on being allowed strong food.

23d. Find him entirely comfortable, and craving food.

24th. Worried with cough, which gives him pain about the seat of operation.

25th. Doing well; union of wound progressing rapidly.

27th. Entirely easy.

29th. Comfortable and in fine spirits; wound completely cicatrized.

Oct. 1st.—We apply to-day a supporting apparatus immediately over and around the cicatrix, and allow him to be taken home on a cart, a distance of three miles.

Oct. 5th.—Bowels regular; walks about the house—but complains of seizures of severe twisting pain, at intervals of an hour or two, in the umbilical region.

10th. Still suffering with wringing pain about the umbilicus, as on the 5th—opiates afford only temporary relief.

15th. Gripping pains continue, but less acute; restrict his diet; bowels rather torpid; patient becoming more emaciated. Immediately under, and adhering to the cicatrix, we discover to-day a semi-solid lump the size of a ripe fig, and feel convinced adhesion has taken place between some portion of the bowel and the wound.

20th. Gripping pain continues; bowels more torpid, but operate after castor oil—tenderness increasing a little at the point where adhesion is suspected.

25th. The man to-day looks badly; his features have a pinched, sharp appearance, with unquiet expression; still troubled with gripping, but no pain about the cicatrix; bowels fail to act, save after castor oil; immediately under the cicatrix, on percussion, we have a distinct liquid splashing, seemingly hardly skin deep.

26th. I was this morning at 6 o'clock called in great haste to see this man—the messenger reporting the “place had bursted.” About 4 o'clock A. M., while lying quietly in bed, there was a giving way of the cicatrix to the extent of half an inch, and through the aperture two pints of liquid feculent matter escaped—from the activity with which

the nurse represented the liquid to have jetted out, we were confident there could exist no communication between the leak in the gut and the cavity of the peritoneum—says he is entirely free from pain—craves and relishes food—allow him farinacea and liquids in moderation.

27th. Dr. Lyle visits the patient with me to-day—contents of the bowels still discharging freely through the artificial opening—thinks he has gained strength since all pain has left him—walks about his room a little—appetite good. It being evidently a case of artificial anus, we deem it at present necessary to do nothing further than apply a thick linen compress, to be removed at the will of the patient.

Oct. 30. There was no change worth noting from the 27th until to-day. Having made an arrangement the previous evening to be taken a distance of 5 or 6 miles to consult Dr. J. P. Mettauer, he arose this morning about 6 o'clock and commenced putting on his clothes, talking in better spirits than he had done for several days—but before getting on all his clothes he fell in the floor with what the colored people present thought a fit—he spoke to some friends present after this, but lived less than half an hour.

We asked permission, and were allowed a post mortem examination, which was made at 4 o'clock P. M. in the presence of Dr. Lyle, Dr. A. S. and Dr. J. H. Dillon. We found the ilium closely and firmly adhering to the cicatrix for at least two inches—the adhesion about half encircling the cylinder of the bowel, and had so far constricted its canal as scarcely to allow the passage of a goose quill along it; yet there was not complete obliteration at any point; one of the medical gentlemen thought the narrowing of the tube might have been produced by adhesion of the mucous lining of the bowel—but it is my deliberate opinion it was caused exclusively by constriction, and the constriction due to numerous fibrous digitations taking root in the cicatrix and reaching far out over either side of the ilium, fettering it down with a solid fixedness not to be appreciated by others than those who witnessed it. The break in the bowel was a little more than two feet above the ilio-cæcal valve, and between it and the valve the bowel bore a darkish, extravasated appearance, seemingly the result of chronic inflammation. We found not the slightest trace of any foreign substance in the cavity of the peritoneum.

*Remarks.*—We used no anæsthetic agent in the operation; and as the man made comparatively little complaint, we think it would hardly have been necessary.

We believe Petit's operation, of which we hear and read so much, would not have succeeded in the case under consideration; for when the partial yielding occurred, mentioned above, we delayed a reasonable time, and resorted to taxis again, hoping yet to avoid opening the sac, but by it nothing was accomplished; there was now no alternative, and of course the sac was cut. It will be recollected, that when the bowel was returned there was serious lesion of the portion corded by the stricture. This bruised and abraded surface, we think, unfortunately took position immediately under the incision, it throwing out coagulable lymph and falling in contact with the peritoneal face of the

wound where there was a similar substance being secreted, is a plausible, if not the most probable way of accounting for the calamitous adhesion, which killed the man forty-five days after the operation. We are confident no part of the bowel was sphacelated when returned, and think the gap occurred in the following manner: That portion of the intestine forming the centre of adhesion must have been gradually destroyed by ulceration, as the circumferential agglutination strengthened and extended, till finally the contents of the bowel escaped and lodged against the cicatrix, without in any way endangering the peritoneum. Even in this state of things the man might have survived, no telling how long—perhaps years—but immediately below the leak the contraction of the tube was greatest, arresting almost completely the excrementitious matter, the bowel receiving its usual quota from above, and with obstructed outlet below became so distended from the accumulated fluids as to exert pressure sufficient to break through the cicatrix; this, however, was a weak point, the union being strictly cutaneous. The lips or edges of the outlet seemed to have yielded from insupportable pressure, for we could see no signs of ulceration.

Grouping the signs before death with developments by post mortem examination, we are convinced the contents of the bowel were in contact with the cicatrix ten days before the external outbreak. Though the man lived five days after the formation of artificial anus, there was no action per rectum, save an occasional discharge of gas.

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### Report of two Cases of Lithotomy.

BY CARTER P. JOHNSON, M. D.

*Professor of Anatomy and Physiology in the Medical Department  
Hampden Sidney College.*

*Case I.*—George Shaeffer, aged fifty one, a native of Wirtemberg, Germany, states that he has been troubled with severe irritability of his urinary organs since his boyhood. That about twelve years since he left Germany, came to this country, and settled in Augusta county in this state. Soon after this the affection of his urinating organs began to increase, and he gradually to experience all of the rational symptoms of stone. For the last ten or twelve months his sufferings have been so severe as entirely to prevent the pursuit of his ordinary occupation, that of a cooper, and to force him finally to place himself in the almshouse of this city.

His general health is good, though his countenance exhibits traces of great suffering; his appetite sufficient, and his digestion tolerably well performed.

I first saw him about the latter part of June, when, upon introducing a catheter, a solid substance was discovered in the bas-fond of the bladder. A more careful examination the next day confirmed the suspicion, thus excited, of the presence of a stone; and several subse-

quent examinations by myself and others, determined its existence with positive certainty.

The patient being informed of the nature of his malady, readily consented to the operation as the only means of restoring him to health. He was then put upon a well regulated diet, and a pill of blue mass and rhubarb exhibited every night for several days.

On July 2nd, having had the bowels of the patient well evacuated, I proceeded to the operation, assisted by Drs. Gibson and Peticolas. Chloroform having been administered, and the patient placed in proper position, a catheter was introduced for the purpose of injecting the bladder, which however was found, contrary to the statement of the patient, to contain a considerable quantity of fluid, a portion of which escaped by the catheter. A sufficient quantity of tepid water was then injected by means of a gum-elastic bag, and the catheter withdrawn. The staff was then introduced and given in charge of Dr. Gibson. The incisions for the ordinary lateral operation were next commenced, and carried through a rather deep perineum, reaching the groove in the staff without much difficulty. The index finger of the left hand now guiding the knife, the membranous portion of the urethra was opened, and the beaked knife of Dr. N. R. Smith used to complete the incision through the urethra and the prostate. The index finger of the left hand was then introduced into the bladder, and, the staff being withdrawn, the stone was found in the upper part of the organ. A large pair of polypus forceps introduced along the finger seized the lower portion of the stone, the outer laminae of which gave way in the attempt to extract it. Several ineffectual attempts having been made to grasp it, a careful examination of the position of the stone was made, which shewed that it was firmly held in the upper fundus of the bladder, which was contracted around it. Finding such to be the situation of the stone, I endeavored to pass my finger up above it, so as partially to dislodge it from the artificial sac in which it was contained; and being aided by an assistant, who forcibly pressed the upper fundus of the bladder downwards, I succeeded sufficiently to enable me to enclose the stone between the blades of a pair of curved calculus forceps passed up along the finger. Withdrawing the finger, gentle and continued traction with the forceps in a short time sufficed to extract the stone. Upon examination of the bladder a few fragments, broken off in the first attempts of extraction, were discovered, and were carefully washed out by a stream of tepid water thrown into the bladder from a syringe. A silver tube was then introduced through the wound into the bladder, and secured to a bandage around the body, and the patient placed in bed on his right side, with his thighs and legs flexed.

The stone was ovoidal in form, and measured in its longest diameter 2 inches, and around its greatest circumference 3 inches and 3 lines. Its weight, after being perfectly dried, was 5 drachms. Upon making a section, it was found to be composed of a large nucleus of uric acid, surrounded by a considerable deposit of oxalate of lime, which was in turn encrusted with variable thicknesses of triple phosphate of ammonia and magnesia.

With the exception of slight arterial hæmorrhage during the first twenty-four hours, the patient manifested no unfavorable symptom until the fifth day after the operation. On that day, after drinking some chicken soup, he experienced a severe attack of colic, attended with considerable febrile excitement, and followed by diarrhœa. This diarrhœa, which was purely feculent, continued with no little intermission until July 15th, nine days from its commencement and thirteen days after the operation. In the mean time all of the ordinary remedies were used with apparently but temporary effect. Its effect was to debilitate the general system of the patient to such an extent as to require stimulants and the most nutritious diet to sustain him, and consequently to produce a most unfavorable condition of the wound, its edges assuming a livid hue, and its whole surface becoming superficially gangrenous.

On the 14th July I ordered a blister to be put over the whole surface of the abdomen, and the patient to be put upon a mixture of \*vinegar and salt, two parts of vinegar to one part of salt, a table-spoonful to be taken every 3 hours. On the 15th the diarrhœa was much diminished, and on the 16th entirely checked. With the cessation of the diarrhœa the general condition of the patient began to improve. His countenance became more cheerful, his appetite better, and the extreme despondency, which had before depressed him, began to subside; the slough soon began to separate from the wound, and on the 21st the whole surface presented a healthy appearance. From this period the wound continued gradually to close until the 12th of August, when it was entirely healed.

About the 1st of August the patient began to suffer very much from the formation of secondary abscesses—five of them forming in succession in various parts of the body—all large and deep seated. The great drain upon his system, consequent upon the continued suppuration of these abscesses, again debilitated him very much, and for many weeks rendered the termination of his case very doubtful. A vigorous constitution, assisted by tonic remedies and a highly nutritious diet, effectually sustained him until the abscesses gradually healed.

During the first week in September, during the existence of the abscesses, my attention was called to a small abscess forming just under the cicatrix—upon opening and probing which, I found a small calculus making its way from the bladder along the track of the original wound towards the surface. Dilating the orifice with the finger, the calculus, which seemed of recent formation, was easily removed with a pair of dressing forceps. The urine passed through this new opening for a few days, after which the parts speedily healed and cicatrised again.

Since that period the patient has gradually improved, and now, (November 17th,) four months and a half since the operation, seems to be entirely well.

\* This remedy has been much used for several years by some of our most successful practitioners in obstinate diarrhœas. Its *modus operandi* it may be difficult to explain; but when experience teaches us the utility of an agent, it matters very little whether we can or cannot explain the mode in which it produces its effects.

*Case II.*—Gideon, a mulatto boy five years of age, was born and has always lived in Botetourt county Virginia. When between two and three years old he began to complain on passing his urine. This complaint has gradually increased up to the present time, (May 1st,) when the child exhibited all the rational symptoms of stone in the bladder. The efforts to pass urine are excessively painful, and every attempt is accompanied with the most piercing screams, with violent straining of the muscles of the abdomen, and with extensive prolapsus ani. The general health of the boy is very good. With the exception of the urinary affection, his master states that his health has always been uniformly good.

An examination of the bladder with a metallic sound at once detected the existence of a stone; and the diagnosis having been confirmed by several subsequent examinations, it was determined to operate at once.

Accordingly, on May 2d, the bowels having been previously evacuated, the patient was placed under the influence of chloroform, and the lateral operation of lithotomy successfully performed. The instruments used and the steps pursued in the operation were precisely the same as those detailed in the first case. Upon attempting to extract the stone it was found too large to pass through the orifice; the orifice was then slightly enlarged by a probe pointed bistoury, when the stone was removed without further difficulty. The parts being washed, a gum-elastic tube was placed in the bladder through the wound, and the patient put to bed in a very comfortable condition.

The stone was almost regularly oval, flattened a little at each end. Its length was one inch and ten lines—its circumference at the centre three inches. Its weight, when perfectly dried, was four drachms. Its section proved it to consist of a central nucleus of uric acid, comprising about one-third of the whole stone, the outer two-thirds consisting of the triple phosphate.

The second day after the operation the tube was removed, and the parts surrounding the wound painted with collodion, which very effectually protected them from excoriation by the urine as it passed over them.

On the eleventh day the urine began to pass through the urethra, and the wound, which had presented a healthy appearance since the operation, began then rapidly to fill up and to heal.

On the 16th of June, just six weeks after the operation, the patient was discharged, perfectly well, having uniformly improved after the operation, except for a few days during the fourth and fifth weeks, when, in common with many other patients in the same ward, *he had a slight attack of diarrhœa.*

## **A Case of Puncture of the Stomach, with Protrusion for six hours.**

REPORTED BY CHA'S WM. ASHBY, M. D., OF CULPEPER C. H.

A negro boy, 6 years old, the property of Mr. R. B., fell upon a pair of sheep shears, which he had in his hand, whilst running down a hill. The instrument penetrated the stomach obliquely from above, just grazing the left side of the sternum and edges of the ribs, making a flap-like orifice in the integuments.

I was called in consultation by my friend, Dr. P. C. Slaughter, and found nearly the whole stomach protruded, and discharging its contents through an aperture about three-quarters of an inch in length.

Aware of the controversy which has long existed among able surgeons, on either side, as to the propriety of stitching the stomach or bowels, the everted edges and gaping appearance of the wound in the stomach made it necessary, I thought, that a stitch should be taken. To avoid irritation, as much as possible, with the finest needle and silk I ventured to take a single stitch through the middle of the wound.

Before I saw the case, Dr. S. had made some efforts to restore the organ to its natural position, but it did not occur to me at the time that I should have any serious difficulty in replacing it, at least after enlarging the orifice a little. But such was the unruly nature of the boy—his violent screaming and resistance, the nausea and vomiting which constantly attended the handling of the stomach—that notwithstanding I enlarged the orifice several times to a considerable extent, our best efforts not only failed to restore the organ, but it seemed to protrude the more.

At this juncture, fearing the irritation resulting from further efforts, I suggested the use of chloroform, notwithstanding the necessary delay of having to send several miles for it. Whilst under its influence, I found it necessary again to enlarge the aperture slightly, and then had no farther difficulty, although the boy vomited as freely as before from handling the organ.

The wound of the integument was rather ragged in its appearance, and of course a little bruised by our efforts.

The wound of the stomach was brought directly opposite the tegumentary wound, and gently retained within its verge. A single stitch, patent lint, with cold water and a bandage completed the dressing.

The patient was placed on his side, absolute rest enjoined, and soon afterwards a large dose of opium was administered.

From the time of the accident until the completion of the dressing six hours intervened, and yet the boy retained his strength most remarkably.

Under the influence of the opium our patient rested well the first night.

2d day.—This morning the pulse is a little excited, and face flushed—vs. to make a decided impression; and this was repeated twice during the day, and opium after each bleeding—absolute diet enjoined—but the boy desires no food.

3d. The wound had a healthy appearance, but tenderness of the abdomen and tympanitis greatly increased our fears as to the result. The pulse feeble and quick—the bowels not moved since the accident.

Turpentine enema and a succession of blisters were ordered, and after the bowels were moved the opium was resumed.

4th. Our patient evidently improved, tympanitis and tenderness diminished, pulse more quiet, countenance and general aspect of things more encouraging—takes a little hot water tea this morning, for the first time—gum water and opium continued.

5th. The wound not healed by the first intention—has a dark spot immediately over the wound of the stomach, and is discharging a very offensive sanious matter. A soft poultice, and the same prescription continued.

6th. The ligature came out this morning. The same prescription continued. From this date the boy gradually recovered, without any particular change in the treatment.

*Remarks.*—1st. It has occurred to me, that possibly it would have been better for me to have restored the stomach, at least partially, before the stitch was taken, as I ran the risk of breaking out the ligature by the subsequent efforts at reduction; and I am sure that the accumulation of gas, though some escaped with an audible sound several times, did not increase the difficulty.

2d. This case was admirably adapted to the use of chloroform, and illustrates most happily its incalculable value, when used with discrimination.

3d. As your journal is eminently practical in its character, for the benefit of the younger members of the profession it may not be amiss to allude briefly to what I conceive to be a most important principle in our profession, viz: that an *inflamed or diseased organ must have rest*. In this case, the stomach, instinctively sensible of its wounded and disabled condition, refused most emphatically, for four days, to receive any nourishment—not even gum water—and but very little of anything for about ten days, notwithstanding the entreaties of master and friends, contrary to our orders.

An inflamed eye instinctively excludes the light from itself, so that the physician who interrogates nature intelligently, at once gets the idea of confining his patient to a dark room, and thus putting the organ entirely to rest. When the lungs are inflamed the patient breathes as much as possible by the abdominal muscles, and lymph is thrown out, gluing the organ to the side, doubtless to prevent motion and friction as much as possible. The same thing is true of inflamed bowels; and because some constipation, the result of this principle, exists, I have known great error—and I may say even death—to result from goading and stimulating the organ with drastic purgatives.

This principle of rest is susceptible of very extensive application in practice; and any inflammation can be cured, I believe, to which it can be applied.

The immortal Physic, always true to the laws of nature, recognized this principle in the treatment of coxalgia and other diseases of the joints. In conformity to this important law of the animal economy, in the above case, we gave opium freely, to prevent nervous and vas-

cular reaction; and by thus aiding in keeping the wounded organ in a profound state of repose, it contributed, it is believed, no little to the favorable result.

### **Report of a Fatal Case of Tetanus following the ligature of Hæmorrhoids.**

BY JAMES BOLTON, M. D.

[Read before the Medical Society of Virginia, at its October meeting.]

M. C., colored female, æt. 35. Married. Has suffered intensely from piles since the birth of her first child 15 years since.

Oct. 6. A mass of about the size of a hen's egg protrudes from the anus, and separates the nates.

*Operation.*—The patient was fully anæsthetized. The mass was so vascular that merely sponging with cold water caused the loss of about half a pint of blood in a few minutes.

It was divided by sulci into three tumors. A needle was passed through the base of each, carrying a double ligature, which was tied on both sides of the tumor.

In forty-eight hours nearly the whole had sloughed off. Chlorine wash was applied to correct the fœtor and to promote healthy action.

On the fourth day a moderate dose of sulphur and bitartrate of potash was ordered to remove constipation caused by opium used to allay the pain which was produced by the ligatures.

About three or four times the quantity ordered was given, and produced violent hypercatharsis. This was not checked until it had lasted several days, owing to neglect of directions.

On the 11th day the patient felt remarkably well until night, when she suffered from cramps of the hams.

On the 12th day there were symptoms of decided tetanus. Ordered morphia sulph. gr. ss.; quinine di-sulph. gr. x. every second hour. Chloroform to be used as often as necessary to subdue spasm. Directions not attended to until night.

Observing some fœtor from the anus, applied injection of strong solution of nitrate of silver.

13th day. Spasms continue when free from the influence of chloroform. Some tendency to sink. Inability to swallow. Directed mercurial inunction extensively. After relaxing the patient completely by chloroform, passed a stomach tube and injected morphia sulph. gr. i.; quinine sulphate 3 i. and brandy oss. Only one spasm occurred after this, but the patient continued to sink, and died without a struggle in about four hours.

A post mortem examination was not permitted.

*Remarks.*—Up to the time that hypercatharsis was produced, the patient was doing very well. Pain had ceased and the appetite and spirits were good. From that time pain returned, accompanied by physical and mental depression. It is therefore highly probable that the irritation of the part, together with general exhaustion, which no doubt caused the tetanus, was really due to the improper administration of medicine to the patient, already in a critical condition from the operation.

**Case of Mechanical Obstruction of the Bowels.**

BY J. B. GARDEN, M. D., WYLLIESBURG, VA.

The novelty of the following case I hope will be sufficient apology for insertion in your periodical, and at the same time it may institute a more minute search after mechanical causes in constipation than is generally supposed to exist.

October 7th. I was requested to visit a negro man, æt. about 25 years, who had been for five days laboring under the ordinary symptoms of epidemic dysentery. Tormina and tenesmus, with scanty discharges of a mucous character, sometimes tinged with blood, frequent inclination to stool, thirst, loss of appetite, and other symptoms indicating a febrile state of the system. There was no vomiting or nausea throughout the whole course of the disease.

These symptoms persisted with little or no abatement until the tenth day of his illness, with entire constipation up to this time, in despite of all our endeavors to produce a discharge from the intestinal canal. Strangury was a symptom in his case which we witnessed in almost all the bad cases of the epidemic of this summer and fall. It was promptly relieved by the warm bath and an anodyne administered about fifteen minutes before entering the bath.

We commenced our treatment by the administration of a purgative we are in the habit of using in dysentery—a combination of castor oil, solution of carbonate of potash, tinct. opium and the essence of peppermint—for several days. This seemed to have no effect on the peristaltic action of the bowels, and more active purgatives were substituted, placing our chief reliance on the specification of mercury, in the dose of three grains of calomel united with one grain of opium every three hours. This treatment we concluded to persevere in, whatever other medication might be thought advisable, until ptyalism was induced. Injections of the solution of nitrate of silver were freely used to allay irritability of the lower bowel, and prevent disorganization of the mucous membrane, as the frequent discharges indicated a highly irritated state of that organ, being fluid, of a dark appearance and very offensive odor.

Cathartic enemata, warm bath, frictions over the abdomen and cathartic medicines by the mouth had no other perceptible effect than to allay the tormina and tenesmus for a while, and produce loud roarings and flatulence. Obstruction of the bowels from some mechanical cause evidently gave rise to the great distress and sufferings of our patient, for which we sought in vain, until it was deemed necessary to distend them with warm water. This was accordingly attempted on the fifth day of our attendance, but the obstacle which prevented the passage of the feces downwards, and of the rectum tube upwards, lay about two inches from the verge of the anus. The rectum with its pouches was enormously distended with about a pint of watermelon seed. It gave rise to such excruciating pain on endeavoring to dislodge them by the gentlest means, that we abandoned all hope of giving our patient relief without the anæsthetic agency of chloroform.

Oct. 12th. Assisted by my father, Dr. T. J. Garden, who now saw him for the first time, I proceeded to administer chloroform, and in about five minutes profound anæsthesia was induced. The quantity used was near 3 iii. The rectum was then readily evacuated of its burden with entire relief to the patient, and free vent given to the hardened scybala which had been so long impacted in the colon. The inflammation which followed was readily overcome by appropriate treatment, and the case was dismissed in a few days as convalescent.

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**Case of Colica Pictonum, from the medical employment of Acetate of Lead.—With remarks.**

BY L. S. JOYNES, M. D., OF ACCOMACK.

The following case is communicated, with the hope that it may prove a useful caution to some of the younger members of the profession, who may be inclined, from over-confidence in the assurances of many of our standard authors, to make too free a use of the potent drug above mentioned. It cannot be doubted that young practitioners in general are too prone to adopt *heroic* methods of practice, and to esteem boldness and decision the chief qualities of a successful physician. Of all the rich fruits which experience brings with it, not the least valuable, certainly, is *caution* in the employment of active remedial agents—all of which, without exception, are potent for evil as well as for good.

It has often appeared to me, that one of the most valuable contributions that could be made to the science of medicine, would be a faithful record of the *real experience* of the profession in the use of the class of remedies just referred to—setting forth the deleterious effects which may be caused by antimony, opium, mercury, lead, &c., as prominently as the good they are capable of accomplishing. Such a record would furnish the most useful lesson of caution in practice that could be given. A desire to contribute to this useful kind of information has influenced me in furnishing the following case for publication—in regard to which, I must admit that the length of time which has elapsed since its occurrence renders my history of it less complete than is desirable, inasmuch as I made no record of it at the time, and am compelled to rely chiefly on memory for the details.

On the 15th of October 1843, Mr. J. J. B., merchant, aged 25, consulted me on account of a chronic diarrhoea, which had troubled him from time to time for several years, and which had always been obstinate and intractable. He had been treated by different physicians, who had prescribed a great variety of remedies, nearly all of which seemed of little efficacy. After listening to the details of his case, I became satisfied that acetate of lead and opium would prove the most efficient remedy; and as none of his previous medical advisers had prescribed this combination, I determined to give it a trial. I believe I had never before prescribed the acetate of lead, but I relied, very naturally, on the assurances, everywhere to be met with in the books, that the use of the drug is free from risk, provided a per-

fectly pure article be employed, and acetic acid in some form be prescribed in conjunction with it.

I accordingly selected the most perfect crystals of the acetate; added more than enough of distilled vinegar to neutralize any of the carbonate which might be present as an impurity; then adding the opium, I made the mass into pills. I also directed the patient, immediately after taking each pill, to swallow a teaspoonful of vinegar. The precise formula which I employed I am unable now to state, but my recollection is distinct, that the entire quantity taken was 30 grains, in the course of about four days. The medicine proved most efficient in the relief of the diarrhœa, the discharges being arrested more promptly than by any other remedy, and without any *immediate* ill effects. The patient and myself were both congratulating ourselves upon the favorable result, when one day, perhaps a week after he discontinued the pills, he complained to me of a pain in the epigastrium, radiating to the spine. As the patient was then apparently regaining his health, and in good spirits, I paid little attention to this complaint, supposing it to be a momentary gastralgic affection, occasioned by some imprudence in diet. Not long after, I learned that he was laboring under a severe attack of colic, and I was called on by Dr. Young of this place, his ordinary medical attendant, who came on purpose to ascertain the composition of the pills which the patient had been taking. The peculiar character of the colic with which he was at that time suffering, so strongly resembled those of colica pictonum, that Dr. Young had been led to enquire of him whether he had taken any medicine recently for diarrhœa. There could indeed be little doubt, from the account given me of the symptoms, and the subsequent progress of the case, that the attack was one of saturnine colic, of more than ordinary severity.

This attack commenced on the 3d of November, about a fortnight after the patient had taken the last pill, and continued, with occasional slight remissions, for eight days, before any decided relief was obtained. The treatment consisted principally of free and oft-repeated doses of calomel and opium, purgatives by the mouth, enemata, and blistering. A very large quantity both of opium and colomel was administered, and every other means employed which an experienced physician could devise, but there was no permanent relief to pain, and no decided action of the bowels, until the eighth day, when the mouth became affected by the mercury. The patient then slowly recovered, but he remained for some time in a very reduced and debilitated condition. It would have been some compensation for all this suffering, if he had been permanently cured of his diarrhœa; but no such fortunate result ensued. The attacks continue to recur from time to time, and are as obstinate as ever.

If any should be disposed to doubt whether the above was truly a case of lead colic, in view of the long interval which elapsed between the employment of the remedy and the manifestation of the symptoms, I would remark that this is entirely in accordance with the oft-observed facts in regard to the poisonous operation of lead—*slowness* of action being the general rule.

This is the only case I have ever met with in my own practice, of any serious result following the exhibition of the acetate of lead; indeed, I rarely trifle with the drug now-a-days. (“*Chat échaudé craint l’eau froide.*”) But I know of three other cases of the same kind, which have occurred in this neighborhood. It is fair to add, however, that in at least two of them the remedy was freely used. There is no lack of recorded instances of the sort; but so far as I am informed, cases are very rare, in which colic is produced by so small a quantity of the acetate as was administered in the case which I have just related. One such is mentioned by Dr. Burton, in a paper of which extracts are given in Braithwaite’s *Retrospect*, No. 2, p. 66; here the patient took fifteen grains in five days, and experienced severe colic. And Prof. Trousseau, in his work on *Therapeutics*, quotes a case in which the patient took six grains of the neutral acetate of lead daily for three successive days; the fourth day, a most violent saturnine colic supervened, with jaundice, constipation, retraction of the belly, etc., which only yielded to the “treatment of *La Charité*,” energetically employed. The most remarkable case of all is given by Devergie, in his *Méd. Légale*:—A student of medicine consulted Professor Fouquier, who prescribed for him some pills containing each one grain of acetate of lead, of which he was directed to take one every day. The *first pill* produced slight colic, the second acted more severely, and the third occasioned such violent symptoms that some mistake of the apothecary was suspected. The pills were analysed by Devergie, but were found to contain nothing but acetate of lead.

It may be urged, and with truth, that such cases are exceptional, and that they may be explained by the existence of idiosyncrasies in the subjects of them, such as are known to exist with respect to mercury, opium and other remedies. But allowing this to be true, it must also be admitted that a prudent physician is bound to regard such idiosyncrasies in his practice. The knowledge of their occasional existence should be a warning against the use of hazardous remedies, except under circumstances imperatively calling for their employment.

A circumstance which has doubtless contributed in no small degree to extend the employment of the acetate of lead as a medicine, and to set the minds of physicians at rest in regard to any risk attending it, is the opinion so confidently expressed by Dr. A. T. Thomson, that *the carbonate is the only poisonous preparation of lead*, and that the acetate can only become so in consequence of its decomposition by the free carbonic acid extricated in the alimentary canal. Hence his precept to direct a draught of vinegar to be taken with each dose of the acetate, in order to prevent such decomposition, as well as (I presume) to re-saturate with acetic acid any portion of the carbonate with which the crystals of the acetate may be contaminated.

It requires but little examination of the facts to convince us that this idea is entirely opposed to the well known general laws of the action of mineral poisons. *Ceteris paribus*, these poisons are active in the direct ratio of their solubility; and on this general fact is based the theory of antidotes. We give antidotes with the view of converting a

soluble preparation of a metal into an insoluble one. Would it not be a singular exception to a general rule, if the acetate, one of the most soluble forms of lead, should be entirely innocuous, and the carbonate, one of the least soluble, alone endowed with poisonous properties? It is true, that small doses of the carbonate would be rendered soluble by the acids of the gastric juice, being converted by them into the chloride and the acetate, (assuming, in accordance with the general opinion of chemists, that the hydrochloric or acetic acid, or both, exist in the secretion of the stomach.) What then will become of the acetate, when swallowed? If it meets with acetic acid in the stomach, it will remain acetate still; if with hydrochloric acid, it will be converted, like the carbonate, into the chloride of lead. The two substances, therefore, when they begin to act on the system, and are absorbed into the blood, will be in precisely the same chemical state. Considering the acid nature of the gastric secretion, and its probable action on all chemical compounds capable of being affected by its ingredients, is not Dr. Thomson's idea of the conversion of acetate of lead into carbonate, by the free carbonic acid in the alimentary canal, evidently a fallacious one? And is not therefore his employment of distilled vinegar in conjunction with the acetate, an illusory protection against the dangers of lead poisoning?

But without further argument on the chemistry of the question, it is sufficient to state that Dr. Thomson's theory is in opposition to the concurrent testimony of the best toxicological authorities of the day, among whom I may cite Orfila, Apjohn, Taylor, Christison and Devergie. The latter writer, whose authority is second to none, distinctly states that the poisonous activity of the compounds of lead is in direct proportion to their solubility. Christison and Taylor both (conclusively, it seems to me) combat the opinion of Thomson. I will quote a few words from the last mentioned of those authors, bearing directly upon the practical point at issue: "So far as observations on man have yet extended, the carbonate has no more action than the common acetate. Dr. C. G. Mitscherlich has lately proved that the acetate is a poisonous salt, and that when mixed with acetic acid *it is more energetic than when given in the neutral state*. This fact clearly shews that the poisonous effects cannot solely depend on the assumed conversion of the salt to the state of carbonate." (Taylor's Med. Jurisp., 2d ed., p. 169.)

This result of Mitscherlich's researches is precisely what a consideration of the general laws of toxicology would lead us to expect. Let physicians, therefore, take care how they rely on vinegar, or dilute acetic acid, as a *safeguard* against the poisonous effects of the acetate of lead.

## Spontaneous Recovery from an Ovarian Tumor of Twenty Years' Duration.

BY J. F. PEEBLES, M. D., PETERSBURG, VA.

The subject of the following case is a respectable colored woman, at present aged 38. She states that she was married in her 17th year, and that two years previous to that time she had discovered the existence of a tumor in her left side. After marriage it increased rapidly. She came under my notice about 8 years ago, when she presented the appearance of a woman at the full term of pregnancy. She was a tall, thin person, and a firm but elastic tumor could be plainly felt, occupying the abdominal cavity, reaching quite to the epigastrium.

She menstruated regularly, but had never conceived; her health was delicate; still, however, she was able to get about and take care of her family.

Every year, however, she perceptibly failed in her strength, and lost flesh. About twenty months ago, whilst standing in her yard, a dog ran against her so violently, that a sudden and powerful effort was required to prevent her falling. During the effort she felt a sudden wrenching of the weighty and unsupported tumor, which was followed by faintness, and she had to be carried to bed. Chilliness came on, followed by fever, with pain and exquisite tenderness over the surface of the tumor. Active venesection and the application of leeches over the abdomen, often repeated, were required in the treatment. After remaining in a critical situation for ten or twelve days, the symptoms subsided. In the mean time a slight purulent discharge from the vagina had appeared, which continued for a few days. After this attack the tumor very gradually diminished, and in three months it had disappeared. At this time my patient is a healthy, robust looking woman. In the left ovarian region a tumor, with a knotted and irregular surface, about the size of a pullet's egg, can still be felt.

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### Medical Society of Virginia---November Meeting.

Dr. JAMES BEALE, *First Vice-President, in the Chair.*

(*Present—Twenty-six Members and several Visitors.*)

After the minutes were read, the following gentlemen were balloted for and declared duly elected members of the society:

J. S. Davis, M. D., *University of Va.*  
 J. L. Winfree, M. D., *Henrico.*  
 Charles Carter, M. D., *Charlottesville.*  
 F. T. Stribling, M. D., *Staunton.*  
 Ed. C. Fisher, M. D., *Richmond.*  
 David G. Smith, M. D., *Mecklenburg.*  
 R. L. Madison, M. D., *Petersburg.*

Wm. J. Moore, M. D., *Norfolk City.*  
 A. G. Grinnan, M. D., *Madison.*  
 Ro. C. Nelson, M. D., *Clarksville.*  
 P. C. Venable, M. D., *Mecklenburg.*  
 Wm. Crump, jr., M. D., *Powhatan.*  
 Q. A. Snead, M. D., *Richmond.*  
 G. C. Venable, M. D., *Mecklenburg.*

Several gentlemen were nominated for membership.

The subject for the evening being *Malaria, and its mode of action in the production of fevers*, Dr. DAVID H. TUCKER read a long and interesting essay on it.

Drs. SNEAD, BOLTON, and COX of Henrico also made remarks on the subject. [We hope in future to lay before our readers an abstract of Prof. Tucker's essay, as well as a detail of some researches on the subject, made by Dr. Bolton. That gentleman made some very interesting observations on his experiments with dew and air collected in the Chickahominy swamp, at a season when miasmatic diseases were prevalent, and also on the prophylactic use of gauze against miasmatic influence.]

### Gonorrhœa.

Dr. C. B. GIBSON made some remarks on the treatment of *Gonorrhœa*, and exhibited an instrument which he learned was in common use in New York, and which he thought would be found useful in cases where it was desirable to apply caustic solution to every part of the urethra. The instrument consists of a silver tube, containing a sliding wire, which is rolled at its end with fine sponge. The sponge may be saturated with any solution, and made to swab out the urethra and touch its entire wall. The instrument was introduced, he believed, by Dr. Campbell Stuart of New York, and he learned that it was very popular.

Dr. GOOCH said that the instrument could be obtained from several of the druggists of the city, but that he did not like its construction nor its use. Since the subject was brought up, he would take the occasion to remark, that, having experienced great difficulty in the treatment of this *opprobrium* of surgery, as Dr. Gibson had justly called gonorrhœa, he had lately given a fair trial to the *hydrastis canadensis* in five cases. He was sorry to report, however, that he had failed in accomplishing *any good whatever* with it. It is an astringent, but has no peculiar virtues, he thought. He was induced to make trial of it many months ago, by the recommendation of a member of the society, who knew it as an old Philadelphia remedy. Just now, however, almost every medical journal in the United States is copying a short article by Dr. McCann of Ohio, in which he lays claim to originality in its use in this disease. He thought the claim as absurd as the specific.

### Pathological Specimens.

Dr. MILLS exhibited a heart, in which the right ventricle was nearly filled by a polypiform or fibrinous concretion, perfectly organized, arising by a broad base from the tricuspid valve and interventricular septum to which it was firmly united, and extending, by a long round stem of half an inch diameter, through the sigmoid valve along the pulmonary artery, and some distance into its branches. The man from whom this heart was removed was about 65 years of age, and had usually enjoyed good health, though he stated that his doctors had told him that his heart was diseased. He felt no pain there—his respiration was free, and he was not subject to cough. He was suddenly seized with great prostration, with tendency to syncope and

tremulousness, only about four days before his death, and complained of pain in the right hypochondrium, where the liver was very much enlarged, which, together with the jaundiced complexion, anorexia and sinking feeling at stomach, indicated a state of congestion about the liver and portal vessels. As no symptom pointed directly to the heart, no stethoscopic exploration of that organ was made. The post mortem examination shewed the liver very much enlarged and injected, and pushing the stomach over into the left hypochondrium. The heart was in its natural position, but enlarged and enveloped in adhesions. The other viscera were healthy.

Dr. SCOTT exhibited a salivary calculus of cylindrical form, about 10 lines long and 3 in diameter, which had been taken from the lingual duct of an individual by Dr. Chilton, of Fauquier.

Dr. C. P. JOHNSON then read the following

**Report of an Operation of Tracheotomy, performed for the relief of Croup.**

E. S., a girl about three years of age, very large and fat, and of sanguineous temperament, was taken on the evening of Tuesday, Oct. 21st, with slight symptoms of croup. Her father applied a plaster of Scotch snuff over the chest, which seemed to afford relief. On Wednesday night, the symptoms returning, a teaspoonful of ipecac. was administered in broken doses, producing pretty free vomiting. On Thursday morning she was again better, but the symptoms recurring in the evening with increased violence, I was sent for.

When I saw the patient about 8 o'clock in the evening, I found her with a flushed face, frequent pulse, rapid and very laborious breathing and a distinctly croupy cough. Before I reached the house, the father, alarmed for the child, had sent for a leecher, who was in the act of applying leeches to the throat when I arrived. About eight leeches were applied, which drew well, the bites bleeding pretty freely after the removal of the leeches.

Ordered submur. hydrarg.  $\mathfrak{D}$  j.; ipecac. grs. v., to be made into x. powders, one to be taken every hour; the child to be immersed at once in a warm bath. While the bath was being prepared and the messenger gone for the medicine, I administered about  $\mathfrak{z}$  j. hive syrup with no effect.

Visited her again at 12 o'clock. The bath had been given, and three of the powders administered; no improvement; no action on the bowels; difficulty of breathing increased; ordered  $\mathfrak{R}$  Tartras antimon. and potass. grs. ij.; syrup scillæ  $\mathfrak{z}$  j.; mucilage  $\mathfrak{z}$  ss. M. Of this I administered a teaspoonful every half hour, continuing the powders every hour. After the second or third dose, some nausea seemed to be produced, though there was no vomiting, and her breathing seemed improved. I left her about 3 o'clock, inclined to sleep—coughing but little, and breathing much more easily than at any time since I first saw her. She had a slight motion from the bowels before I left, not characteristic of the action of the mercury.

Oct. 24th, Friday, 8½ o'clock.—Has slept a good deal; pulse more soft; skin cool and moist; breathing as when I left her last night; has taken all of the powders and about one-half the mixture; no action on the bowels; ordered the same treatment to be continued. At 2 o'clock I was sent for in haste; found her breathing most laboriously, inspirations being performed with great effort; countenance very anxious; lips livid; eyes injected, and skin bedewed with moisture; since my last visit had taken three powders and had had two small passages. I applied a blister 6 × 4 over the sternum, and asked for a consultation with a view of ascertaining the expediency of an operation.

Upon consulting with Dr. Gibson about 4 o'clock, it was deemed advisable to recommend an operation as the only means that now offered any hope of restoring the patient.

The parents readily consenting, the child was placed on its back on a table, with its head held by an assistant over the edge of the table, in an extended position, so as to put the integuments of the neck as much upon the stretch as possible. An incision was made from the upper portion of the trachea to the top of the sternum passing through the integuments and a large mass of adipose tissue. Dissecting carefully down on the median line, the edges of the sterno-mastoid, sterno-hyoid and sterno-thyroid muscles were turned aside and the middle third of the trachea exposed. The lower portion of the thyroid body and the anterior jugular vein were exposed during the dissection, but were carefully separated and turned to one side. The trachea was then seized with a double hook, drawn forward, and incised with a small sharp pointed scalpel. A hissing rush of air at once announced its division. The incision into the trachea being sufficiently enlarged, the edges of the wound were carefully held aside and a trachea tube inserted and secured by tapes passed behind the neck.

In a few minutes after the introduction of the tube, the breathing of the child became regular and soft, the wheezing ceased entirely, and the little patient, evidently much relieved, sank into a gentle sleep. During the operation she had a large green passage.

Visit at 8 o'clock at night. Patient has rested well since the operation; there has been no hæmorrhage; occasionally she coughs *through the tube* and expels some bloody mucus. Has taken fluid food, and seems anxious for more than it is prudent to give—swallows without difficulty, countenance is natural, eyes bright and cheerful, complexion perfectly natural. Ordered the powders of calomel and ipecac. to be continued during the night at intervals of three hours. Left her at 9 o'clock.

At 11 o'clock was summoned in great haste, and found that about an hour and a half previously difficult respiration had come on again. When I saw her there was extreme restlessness, breathing very rapid and very laborious, each act of respiration forcing the tube almost out of the trachea, pulse very frequent and feeble, eyes glassy and countenance again becoming livid. There was great thirst. She had had several copious dark spinach green evacuations.

Deeming the case hopeless, as it was evident that the inflammatory

action had extended down into the trachea, no further remedial means were resorted to, except to keep the orifice into the trachea, from which the tube was expelled shortly after my arrival, as free as possible. I remained with the child during the night; the difficulty of breathing continuing to increase, and the pulse to become more feeble until 10 minutes past 9 o'clock Saturday morning, just 17 hours after the operation, when she died.

No post mortem examination was obtained.

The result of this case would teach us, as far as one case can, to expect but little good from the operation of tracheotomy in pure inflammatory croup; for the condition of the child, for some hours after the operation, shewed that the vital powers were not too much depressed at the time of its performance to forbid its recovery. It is to be regretted, perhaps, that I did not push the mercury *immediately* after the operation; although the stools, during and after the operation, shewed that the quantity already administered had produced a very decided effect upon the secretions of the alimentary canal, and render it very doubtful whether any amount of mercury which could have been introduced would have arrested the progress of the disease.

Dr. PARKER then read the following report of a

### Fatal Case of Tetanus supervening on Abortion.

It will doubtless be remembered by many, that a most interesting discussion took place in this society recently, elicited by the report of a case of tetanus presented by Dr. C. P. JOHNSON, and that the *cause* of attack in that case gave rise to much debate. I have thought, therefore, that at this juncture, a brief report of the following most rapid and somewhat analogous case would not prove altogether unacceptable to the society.

On the 23d of July last, I was called upon about 7 o'clock A. M. to see a negro girl about 15 years old, of a strong and well set frame, and apparently possessed of a fine constitution. I was informed by her mistress that three days previously she complained of being sick, but continued to attend to her work about the house. The following day she took her bed, whereupon her mistress administered a dose of some quack purgative, which acted promptly, but brought no relief. The next day I saw her. She *then* complained of much pain in the head and back of the neck, and had considerable fever. All the important functions seemed to be well performed. Upon enquiry as to the catamenia, I was informed by the patient that she was "unwell" about three weeks since.

I regarded the case, after examination, to be one of rheumatism from exposure. There was, however, so much restlessness, and such a decided indisposition to talk, that I felt somewhat uneasy about her condition, and informed her mistress that I would call again in the afternoon.

|                  |       |         |
|------------------|-------|---------|
| R Calomel,       | - - - | gr. xx. |
| Opium,           | - - - | gr. ij, |
| M. Make 2 pills. |       |         |

To be given at intervals of three hours, and to be followed by a brisk purgative of castor oil.

I saw her again at 7 o'clock, P. M., and found her much worse; pulse 130 to 140, and quite unsteady; head thrown back; skin hot but moist, and great alienation of mind. I at once regarded the case as one of tetanus, and went immediately in search of medical counsel. Met Dr. Merritt in the street, and he accompanied me to the house of the patient. Having chloroform with me, with Dr. Merritt's concurrence, I administered it. The girl inhaled but a few minutes before she was completely anæsthetized; not, however, without at first very high arterial excitement. She remained in this state about half an hour, with entire or almost entire relaxation of the posterior cervical muscles. Her head, which a few minutes before was bent at right angles with the spine, was now most readily brought into the same line with her body. There was but little *trismus* at any time during the attack.

|                   |   |   |                     |
|-------------------|---|---|---------------------|
| R Cal. & quinine, | - | - | aa. gr. x.          |
| Morphine,         | - | - | gr. $\frac{1}{2}$ . |

Given immediately, and repeated in three hours.

With the cantharidal collodion, (a most valuable and convenient agent which I have frequently used, first at the suggestion of Dr. Bolton,) we applied a blister from the top of the sternum to the pubes, in fact, over the whole of the anterior of the chest and abdomen, and also one to the spine throughout its whole length. Before leaving, again used chloroform, and with same happy effect.

Feeling much interest in the case, I determined to see the patient again at 1 o'clock at night, when I found she was being delivered of a foetus of the 3d or 4th month. The placenta lodged in the vagina, and was removed without undue hæmorrhage. Respirations 35; pulse 150, and of considerable force; head hot, skin moist, and patient delirious, though conscious of the birth of the foetus and removal of the afterbirth. I ordered cold applications to be made to the head, waited the action of the medicine, and hoped the abortion would be *favorable*. The blisters had not drawn.

Two hours after I left, she died, without any change in her condition observable by her mistress.

*Remarks.*—On my last visit for some time I considered the propriety of bleeding, but the pulse having been a few hours since rather feeble and fluctuating, and moreover in the absence of Dr. Merritt, I decided against it. Had it been at all convenient I should have cupped.

In regard to the *cause* of tetanus in general, my own mind is not altogether decided. Without having consulted authority and with but a very limited knowledge of the disease, I am inclined to adhere to the *centric* doctrine. It seems to me that those slight injuries which so often and *as* often, according to some, give rise, seemingly, to this disease, and also to erysipelas, are only the exciting or ostensible cause. There is a condition of things beyond this, inscrutable to us, to which some stimulant, or irritant, if you please, being applied, enkindles the disease. The first chill in an attack of intermittent is evidently sometimes excited by the patient being caught out in a shower of rain, but

no one would for a moment conclude that the *wetting* was the *fons et origo mali*.

The hour being late, and there being business of importance to transact, no remarks were made on the case.

The amendments to the constitution, having passed their third reading, were then adopted.

Several reports of committees were presented. An English form of diploma was recommended, and the subject laid on the table until the next meeting, under the rule.

The resolution adopted at the last meeting in regard to the reporting of professional misconduct by members was reconsidered and laid on the table.

After the transaction of some business, not of general interest, the society adjourned.

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## EDITORIAL AND MISCELLANEOUS.

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### To the Subscribers of the Stethoscope.

With the present number our first volume closes, and we hope that it will not be considered in bad taste to make, in this place, some remarks in relation to ourselves and our work. We have occasionally been egotistical before, and we expect to find it necessary sometimes in future. A retrospective view of our editorial existence is not only satisfactory, but, indeed, highly pleasing; but still more so are the delightful and cheering anticipations of the future. As most of our readers know, we are of sanguine temperament, and perhaps too enthusiastic; we were repeatedly told so on the appearance of our first number, and sad predictions were made of the failure of the Stethoscope on that account. It was justly said that so large a monthly medical publication could not be sustained at the low price at which it was issued—that the field was already preoccupied to excess with medical periodicals, and that in Virginia the profession was unorganized and unpractised in writing, and, therefore, we could not find enough eligible original matter for its large pages. We heeded not these doleful predictions, but placed an abiding reliance on the ability, liberality and pride of the Virginia profession to sustain a work which should be gotten up handsomely, upon a liberal scale, and conducted, if not with talent, at least with energy, fairness and independence.

Our confidence, experience has shewn, was not misplaced. A list of subscribers and contributors, steadily increasing up to the present

writing, of which any work so young as ours might well be proud, is pretty good evidence that our efforts to satisfy the capricious appetite of the medical world have not been altogether vain. Our reception by our confrères of the medical and secular press, and the constant expression of satisfaction in the letters from patrons, cause us to hope soon to be repaid for the labor and money expended. As will be seen by reference to the Index, the first volume contains nearly *five hundred* pages of original matter, supplied by some *fifty-six* contributors, many of whom are men of eminence and ability in their profession. We can, without being accused of vain boasting, say that this is more original matter than any other monthly journal in the country has published; and the high *character* of the matter is fully attested by the fact that nearly every article we have published, except the very long ones, which would take up too much space, has been copied extensively, either in the home or foreign journals. In respect then to contributions, we have not been disappointed. The medical men of the country are awakening from a lethargy which had been thought chronic, and are giving an impetus to the observation and collection of facts which will redound to the reputation of this age of science. As our significant motto says, "*Medicine is enriched by facts only;*" and it is for *facts*, the accurate detail of symptoms and effects in the reports of cases, that we ask. Of course, theoretical essays must always follow an accumulation and comparison of facts, and are valuable when they are based upon them. We hope a continuance of them also. Our department for selected matter shall be improved in future, and enlarged, unless it be at the expense of original communications. Our reports of the transactions of the Medical society are made hastily on the eve of going to press, and we must beg pardon for the frequent injustice which is done to the participants in the debates. It is a great satisfaction to observe the slow but steady, and, we hope, effectual organization of the medical men in this and other states, which is going on. We hope Virginia will soon present an organized body, which will be composed of such materials as will give it the influence and power necessary to effect a reform in the constitution and position of medicine worthy of her. For this end we have sedulously labored, and shall continue to do so with redoubled energy. We call upon our brethren for assistance and for indulgence. The duties of an editor are arduous and responsible, and withal not of a very smooth and pleasant character. If in our zeal and independence we may have gone further than the taste or feelings of any of our friends would justify, we beg pardon for the offence, and allege good motives in its

commission, rather than unkind feeling. To please all is impossible, and we had rather please none than to make the Stethoscope an impotent organ; but as our success thus far has been flattering, if not perfect, we are fully satisfied of the healthy tone of the *corps medical*, and of a determination to support the journal. As we have said heretofore, the cost of this publication is so great that it cannot be kept up unless by a full list of good paying subscribers. Many have urged us to put the price higher, and given assurances that none would drop off; others have advised a considerable reduction in size and matter; ALL, however, protest against stopping the publication. We, then, having no means of taking the sense of the majority of its patrons, are obliged to make the decisive step which is to be taken *to be saved*. *The publication shall not be discontinued; the price shall not be raised; nor shall its size be cut down more than just enough to leave a larger margin.* This will make it look better, and bind much more neatly. Then, *to be saved*, we must throw ourselves on the exertions of our present patrons, and call upon them to support us by each one doing two trifling services for us. The first is, to remit us his subscription at his earliest convenience. The second is, to shew the journal to his neighbors and solicit their subscriptions and encouragement. This he can do during the year, and we believe that on an average each one can get us the names of *two* new ones, which will give us the two thousand subscribers which we intend to have, sooner or later. By this means we hope to keep up the journal in its present form, and we have little doubt but that our patrons will act thus as agents for us, and the subscription list will run up at once.

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### Indigenous Botany.

The subjoined extract is from a country subscriber, who is not a medical man, but he is a gentleman of education, and fond of scientific pursuits. This subject is one of much interest, and worthy of the attention of physicians. We must refer our correspondent, and all others interested in the subject, to a committee of the medical society of Virginia, which was appointed at its last annual meeting to report on the *indigenous botany* of Virginia, and of which Dr. George F. Terrill is chairman. His post office is "Junction, Hanover." We have no doubt but that the committee (Drs. W. J. Clark, and T. A. Cox, of this city, J. A. Smith, Montpelier, Hanover, and P. M. Watson,

Smyth C. H., are the members of it,) will be glad to receive any information concerning, or specimens of, particular plants, and will report on their value.

Our correspondent asks,

“Can you not get some of your correspondents to write notices of the common weeds and plants of our state, with their medicinal properties, giving their common provincial as well as botanical names? I see hundreds of plants every day which are familiar to me, but I am ignorant of their names and properties, whilst some of them are known to be highly valuable. For instance, there is a weed growing in our newly cleared lands, which the negroes call butter weed, which I have little doubt exerts a more powerful specific action over the lungs than any substance in the Pharmacopœia.”

King Wm. County, Nov. 1851.

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### Practice on Hirelings.

A friend and practitioner requests us to call attention to the disadvantageous circumstances under which physicians in this city labor in practising upon that numerous class, the hirelings, and desires us to make an exposé of the system of giving them “board money,” instead of their being lodged and taken care of by their hirers. This is a matter of moment to the owners of negroes, and the city council and the newspapers are the media for remedying the evil; but we entirely agree with our correspondent (we cannot publish his note,) when he says, that the doctor is frequently blamed while it is not his fault that the negro cannot be well attended to. On one occasion we were called to see a servant, whose master had requested us to attend whenever he might need medical aid, and after considerable difficulty we found him in a *loft* of a miserable out house, on the premises of low people, who had no interest in taking care of him, and indeed they did not know that he usually slept there. The patient was ill, and only covered with a few rags, on the floor, and could get no assistance. We promptly informed the master of his condition, and refused to undertake the case until we could do so under more favorable circumstances for the treatment of it.

These things, we have reason to believe, are of too frequent occurrence, and are the result of that miserable system of *practising by the year*, and another which has succeeded it, almost as bad, viz: of allowing agents three dollars, or a fixed sum to be deducted from the hire, and the privilege of inserting in the bond some particular physician's name, “to be called in when sickness requires it.” We once managed a severe case, to which we were called in an emergency, and at the close of it our bill was disputed on the ground that another physician's name was in the bond for her hire. Had we refused to

do anything, the patient would most probably have died before *the doctor* could be brought—then the merited scorn of the community would have been heaped upon our heads without measure.

It is the duty of medical men to have recourse to the law in all such cases—more though for the principle than the prospect of recovering the fee. We refer the aggrieved parties to the newspaper columns to bring the subject to the notice of owners of negroes, that they may effect a plan by which to protect their interests.

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### **Epidemic.**

We regret to learn that scarlatina has been very prevalent in some parts of Hampshire county, and that it has been of a very malignant type. Will some of our friends there give us a history of the epidemic and a report of their experience in its treatment?

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### **Memphis Medical College.**

This institution has lately been reorganized, and is now, we learn, in successful operation. The chair of physiology and pathological anatomy is ably filled by Dr. Bennett Dowler, the author of numerous scientific papers, containing original and profound experimental observations on various physiological subjects. New Orleans loses and Memphis gains much by the removal of Professor D. from the former city.

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Professor PAUL F. EVE, who, with such unusual liberality, yielded Dr. Gross's old chair to him at Louisville, is now the professor of surgery in the Nashville university.

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Dr. AUSTIN FLINT, editor of the Buffalo Medical Journal, and professor of practical and clinical medicine in the University of Buffalo, has been contributing through his valuable journal an able and instructive series of "Reports on Continued Fever." We hope that they will be published in book form, as their merits deserve.

THE MEDICAL NEWS AND LIBRARY finishes the publication of Malgaigne's Operative Surgery, with the December Number. We learn that it is to go on with a work of great value, for the next year, but as yet we are ignorant of its name.

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### New Journals.

As fast as one medical journal dies two new ones spring up in its place. Since the death of the *New York Register of Medicine and Pharmacy*, we have received the *New York Medical Times*, noticed in our last, and Nos. 1 and 2 of *The New Orleans Monthly Medical Register*, edited by A. FOSTER AXSON, M. D. It is a closely printed double column octavo of 12 pages. Price \$1 per annum in advance.

The editor, in his introduction, says: "The programme of our plan will be to give our leading columns to original cases in surgery, obstetrics and general medicine, possessing interest enough to make them worthy of record. In this respect we have an unlimited field to harvest, as our hospitals, both private and public, have been placed at our command. \* \* In our great metropolitan hospital, the Charity, there is an annual average registration of 15,000 inmates," &c. From the two numbers before us we cannot doubt the success of the *Register*.

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### The Randolph Macon Magazine.

We have never noticed this monthly, because we had never seen it until we received the November No. a few days since. It is a very neat 8vo. of 36 pages of original matter, printed by Chas. H. Wynne, Richmond, and edited by committees of the two literary societies of Randolph Macon college. Terms \$1 50, or \$2 if not in advance. We wish it great success, because the habit of writing ought to be cultivated and the style improved while young men are at college. We every day see smart men who cannot write a page because they have never learned, never tried. If our medicine is of any service to the students we will exchange with pleasure.

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### Southern Medical and Surgical Journal---Extra.

We have received from Prof. L. A. Dugas a pretty tart reply to "Remarks," signed "B.," in the *Western Journal of Medicine and*

Surgery, on "A case of Urinary Calculus, attended with peculiar circumstances, and treated by Lithotrity, by Prof. D."

Dr. Dugas has just returned from Europe, where he was sojourning when the strictures on his report appeared. It is a pity that scientific subjects cannot be discussed without going into undignified and personal trains of "remarks," and of bringing men into hostile array against one another.

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### Dental College.

We neglected to notice the establishment of a dental college at Syracuse, New York, which has just gone into operation with *six* professors, who lecture on and demonstrate the following branches of the important art long since gone from regular medicine: theory and practice of dental surgery, and dental technology; the institutes of dentistry, hygiene and comp. dental anatomy; anatomy and physiology, and the general principles of surgery, special pathology and therapeutics. A professor of chemistry and a demonstrator of mechanical and dental surgery.

Dentistry is a speciality of the medical art, and as such it ought to be taught. We confidently expect in a few years to see colleges of dental surgery so common and in such esteem that no man can practise the art unless he has graduated D. D. S.

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### Gutta Percha Speaking Tube.

We observe on the cover of the *London Chemist* an advertisement by the gutta percha company of this novel but valuable fixture to a physician's house. Mr. Henry Ashton says:

"I have had gutta percha tubing carried from my front door to my bedroom, for the transmission of communications from my patients *in the night*. I have it brought to my pillow, and am able with the greatest facility to hold any communication with the messenger in the street, without rising to open the window, incurring exposure to the night air. It gives me great satisfaction in being able to recommend to my medical brethren an article so cheap and easy of adoption, which will save them from the injurious effects of being exposed to a current of cold air from an open window the moment they rise from their beds."

The advertisement is accompanied with a picture of a waking Æsculapius, turning on his pillow and holding conversation with a messenger at the door three stories below. All city physicians would find it a great convenience; and the miserable tamperer who would play pranks with it merits an acid shower or a round ounce of hot lead.

## Reviews and Bibliographical Notices.

OPERATIVE SURGERY, *based on Normal and Pathological Anatomy*—By J. F. MALGAIGNE, *Professeur Agrégé de la Faculté de Médecine de Paris, Chirurgien de l'hôpital de Lourcine, Chevalier de la Légion d'Honneur et du Mérite Militaire de Bologne, etc., etc.* Translated from the French, by FREDERICK BRITTAN, A. B., M. D., M. R. C. S. L. *Illustrated by wood engravings, from designs by Dr. Westmacott.* Philadelphia: Blanchard & Lea. 1851. 8vo. pp. 565.

*Médecine opératoire*, or *operative surgery*, is now pretty universally regarded as a distinct and separate department of the healing art. Lecturers appropriate a course to operative surgery, and authors are dividing their works into principles, or surgical pathology, and the practice of the art. This division is comparatively recent, but it is, for all time to come, adopted. Since Louis XIV established a special chair in the French university for operations, that nation seems to have held dominion over this department. Students flock to Paris from all parts of the earth, under the impression that it is *the school* for surgery, and every ambitious cutter seeks the latest *French procédé* to put it into his practice. The acquisition and maintenance of this ascendancy is attributable to the opportunities afforded to students by the French schools (under government regulations) which require that surgery shall be studied not only clinically and by lectures, but that the operations shall be frequently repeated on the dead subject; and until as ample opportunities are afforded elsewhere, the dominion over the operative art will be held by the French schools. In Paris every *procédé*, new and old, is taught by private instructors, who give the pupil the mode of each master, and leave him free to adopt the one in which he feels most skilled. With most of these instructors Malgaigne's work is still regarded as the text. It has gone through several editions and has been translated into six different languages.

The present translation is a simple one, nearly literal, and, while it is not encumbered with notes, there are numerous short and valuable additions appended, in note form, by the translator. The wood cuts, twenty or thirty in number, are mostly intended to display particular points of the surgical anatomy insisted on in the text; and we must say that they are not entirely satisfactory, neither in delineation nor execution.

The great value and reputation of this work are doubtless owing to the fact, that at the same time that the manipulative part of operations is described, the greatest care has been given to the surgical anatomy involved in them; a knowledge of which, the author appropriately remarks, is the "sole means of giving to the knife security in its progress and to the proceeding clearness of description."

Of Mons. Malgaigne, as an operative surgeon, we have little to say. His exalted station, as one of the very first surgeons of the French capital and a *savant* of wide reputation, speaks more forcibly than anything we might write of him. His motto, "*Sécurité, simplicité, célérité*,"

is beautiful and full of meaning, and his precepts are inculcated in accordance with the great principles of true surgery which these words embrace. Security, efficiency, safety, first; then simplicity, which is always beautiful and generally least hazardous; and lastly, he puts celerity in its proper position, although many a Knight of the Steel has won his reputation by his glittering knife, with the aid of a friend and his stop-watch, to the detriment of his patient and of his clinical class.

Malgaigne's style is brief, clear, decided, and his writings have a great merit, now, unfortunately, not too common: i. e., one finds the author's opinion whenever he wants it, and if the reader refers for a hint or positive instruction in a case, he will not be put off with non-committal circumlocution in elaborate sentences, but will be enabled readily to determine upon his method, according to the author or not. Such being the case, we can with confidence recommend this book, though we have not room to lay before our readers many of the author's views, that they may judge for themselves. When attending his clinique at Hôpital St. Louis, his practice as well as his precepts fully impressed us with the independence and originality of the surgeon. These are illustrated in the few extracts which we make below.

In speaking of the uses of instruments, he says, "it has been thought that scissors, acting by pressure, should be rejected in certain operations—hare-lip for instance—because they make less clean and neat incisions by bruising and contusing the part. The contusion is a *chimerical* idea; as for the neatness of the incision the bistoury is preferable."

On catheterism "almost all authors have recommended a movement celebrated for facilitating the introduction of the catheter; they would have you draw the urethra on the catheter as it passes into it. The least reflection on this manœuvre suffices to demonstrate its inutility."

In speaking of lithotomy our author goes on to say: "It is the pain and inflammation which kill the patients; and the most powerful causes of these assuredly are the dragging, tearing and bruising of the tissues—accidents inevitable in all the proceedings of perineal lithotomy, when the section of the bladder is not large enough. There is only one way of rendering perineal lithotomy less dangerous, at least as regards the operation itself; and it consists in following a precept entirely opposed to that which is generally laid down, viz: *in dividing the prostate freely on one side beyond its limits*—in making so free a passage for the stone that the wound may remain an *incision* and not be complicated by *contusions and lacerations*."

Appended to this book is a table of the new measures of length and weight, and one shewing the exact value of the French measures when compared with our own standards—a very useful thing to everybody who is not familiar with foreign terms.

*Lectures on the Eruptive Fevers, as now in the course of delivery at St. Thomas's Hospital, in London—By GEORGE GREGORY, M. D., Fellow of the Royal College of Physicians of London—Physician to the Small Pox and Vaccination Hospital at Highgate—Corresponding Member of the National Institute at Washington, &c. First American edition, with numerous additions and amendments by the author, comprising his latest views, with notes and an Appendix, embodying the most recent opinions on Exanthematous Pathology, and also statistical tables and colored plates—By H. D. BUCKLEY, M. D., Physician of the New York Hospital, &c., &c., &c. New York: S. S. & W. Wood, Publishers. 1851. Svo. 379 p.*

Dr. Gregory's high professional attainments, and his extensive experience, as derived from twenty years connection with the small pox and vaccine hospitals of Edinburg, give to the above work a degree of authority which must be respected, if not acquiesced in, by all. This work abounds with valuable information in regard to a class of diseases of very frequent occurrence and of fearful mortality, and we can assure our professional friends that they will be amply repaid for a careful perusal of the whole work. The subjects of which it treats involve so many interesting facts, that any attempt to draw up even a general summary, would extend the limits of this notice beyond what is appropriate.

The two first lectures are devoted to a consideration of the character, affinities, and management of eruptive diseases generally, which will be found exceedingly interesting and instructive. In the subsequent lectures, the history, pathology, diagnosis and treatment of variola, scarlatina, rubeola, &c., are all elaborately discussed. Dr. Gregory's style is exceedingly good, and his descriptions of disease are given in clear and forcible language. In most of the opinions expressed by the author we entirely concur, but regret being compelled to differ with him in regard to a question of great practical importance, viz: the relative advantages of the protective powers of inoculation and vaccination. In our opinion, the substitution of inoculation for vaccination, would result most disastrously to the public good, by multiplying the *foci of contagion* in the midst of a healthy community. In order that our readers may comprehend the views of our author, we quote the following from his work: "You will naturally wish to know what was the practical result of inoculation. I will tell you in a few words. Its influence in lessening the mortality of small pox was something quite extraordinary and scarcely credible. With ordinary precautions in the choice and preparations of subjects, not more than one in five hundred cases will terminate unfavorably. The ill success which attended the early inoculations, between the years 1722 and 1730, arose entirely from bad management, from the most culpable negligence in the choice of subjects, and an utter ignorance of all the principles by which the practice of inoculation should be governed. Had not the discovery of Jenner interfered to interrupt its extension and improvement, inoculation would have continued to this day increasing yearly in popularity. It cannot be doubted that

improvements in medical science generally would have shed additional lustre on this practice.

Since the introduction of vaccination it has been the fashion to decry inoculation, and to impute to it mischief of which it was not guilty. The great objection made to inoculation, and that which recently induced parliament to abolish it altogether under heavy penalties, was, that it disseminated the virus and multiplied the foci of contagion. Dr. Watkinson and Dr. Schwenke in 1777, and more recently Dr. Adams, broke the force of this argument, by pointing out how important a part epidemic influence plays in the diffusion of variola. Had they lived in our times, how strongly would they have fortified their argument! We saw, in 1838, an epidemic smallpox raging in London, where inoculation had long been discontinued. The admissions into the Smallpox hospital in that year exceeded those of 1781 and of 1796. Inoculation was abolished throughout England and Wales in 1840, and the act has been most rigidly enforced; yet during the last two years smallpox has visited every county of England.

Sir Gilbert Blane has attempted to prove by statistics the evils of inoculation. He has shewn that the proportion which the mortality by smallpox in London bore to the general mortality, increased during the last century from 78 to 94 per thousand, but many circumstances must receive attention before we are justified in drawing conclusions from this fact. The population increased prodigiously in the interval, more indeed than would suffice to explain the increased mortality by smallpox. But, further, the general mortality diminished. Consequently though the actual mortality by smallpox had remained stationary and uninfluenced by population, its ratio to the total mortality would appear to augment. Thirdly, Dr. Adams has shewn that a corresponding increase took place in scarlet fever and whooping cough, which are not communicable by inoculation. Lastly, a different mode of calculation would exhibit a very different result. The sophism consists in arranging your figures so as to include or exclude years of epidemic prevalence. If, for instance, we divide the last ninety years of the 18th century into three periods, we shall find that the recorded deaths by smallpox were as follows: 1711 to 1740 (when there was no inoculation,) 65,383; 1741 to 1770 (when inoculation was coming into general use,) 63,308; 1771 to 1800 (when inoculation was almost universal,) the deaths were only 57,268; so that, by this shewing, inoculation diminished the mortality by 8115 lives!

Statistics are very useful and deservedly carry great weight with them; but they may be enlisted, with a little management, on both sides of an argument.

One subject only remains for our consideration, and that is, the question, whether any circumstances would still warrant us in recommending inoculation on scientific principles? Concurring most cordially in opinion that the practice of inoculation by *unqualified* persons ought to have been put down (not in 1840, but forty years before that,) by stringent legislative enactments, I still remain of opinion, that under

several circumstances it is the duty of a medical man to recommend inoculation. These circumstances do not, indeed, often occur; but the legislature would hardly wish to control and fetter, even in a single case, the deliberate judgment of a physician acting for the benefit of his patient. I will name to you four of these cases: 1. When a person has been found, from peculiarity of habit, unsusceptible of vaccination. 2. When new sources of vaccine lymph are introduced, and it becomes of importance to ascertain that the new virus is efficient. 3. When young persons (between the ages of ten and twenty,) vaccinated in early life, are proceeding as cadets to India. 4. When small pox unexpectedly breaks out in a country district, when (even with the facilities of a penny post) vaccine virus is not to be obtained." In our opinion, the propagation of such views should be discountenanced for the following reasons: 1st. Because no physician who is able to obtain vaccine matter has a right to resort to inoculation, thereby running the risk of spreading the small pox affection throughout a community in which there had previously existed but few, if any cases of variolous disease. 2d. We believe that vaccination when *properly* performed, is almost, if not equally as protective against variola as inoculation. 3d. The difference in the mortality of those attacked with variola after vaccination and inoculation is by no means so great as our author would lead us to believe. For details on this point, the reader is referred to the admirable appendix furnished by the American editor of the work before us. 4th. The reports furnished by the governments of France and Prussia clearly prove that the protective power of vaccination is greatly enhanced by a regular system of revaccination. This practice, we think, should be adopted in all communities. Such is a brief summary of the reasons which would induce us to prefer vaccination to inoculation. The fact that the unmodified form of variola may be communicated to healthy persons who come within the range of the contagious influence of those laboring under the inoculated disease, forms an insuperable barrier to the substitution of inoculation for vaccination, except in some of the cases referred to by our author. In a case occurring in our own practice the following striking evidence of the protective power of vaccination was observed: one of a number of children was seized with unmodified variola, and while the disease was in progress the rest of the children were vaccinated. As the vaccine disease progressed, there occurred upon each one of the children a very slight variolous eruption; but in none of them did the affection assume a more severe grade. This not only illustrates the powerfully protecting power of vaccination, but would serve to shew that it possesses this power even after the contagious effluvia have been introduced into the system.

There are some other points which we should like to notice, but our limits are already exceeded, and we must conclude by recommending their worth to the profession at large. The American editor has faithfully and ably discharged his duty. The typographical execution is admirable.

*Medical Lexicon—A Dictionary of Medical Science, containing a concise explanation of the various subjects and terms of Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Obstetrics, Medical Jurisprudence, &c., with the French and other synonymes; notices of climate, and of celebrated mineral waters; formulæ for various officinal, empirical and dietetic preparations, &c.—By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College. Eighth edition, revised and greatly enlarged. Philadelphia: Blanchard & Lea. 1851. 8vo. 927 pp.*

We have no hesitation in saying that this is the best medical lexicon with which we are acquainted. Dr. Dunglison is a man pre-eminently qualified for the author and editor of a work of this description, as the success of seven editions of his lexicon has demonstrated. The book has no rival in this country, and is a *sine qua non* to the studio of the scholar as well as to the medical student. The activity of the medical world is such as to render necessary frequent additions of words and terms to all the branches of medical science. This last edition contains the trifle of "four thousand terms not to be found in the last," and we have not failed to find in it every legitimate word for which we have searched, even of the most recent coinage. In fine, this dictionary is not only invaluable as an epitome of medical science, but it is indispensable to the student if he desire to understand the numerous names and synonymes with which he meets in the study of physic or literature.

The cost of this book is really trifling, when the enormous amount of matter contained on the thousand finely printed pages and the handsome and durable manner in which it is bound are taken into consideration.

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*Elements of Physiology, including Physiological Anatomy—By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., Examiner in Physiology and Comparative Anatomy, in the University of London, and author of the "Principles of Physiology," and the "Principles of General and Comparative Physiology," &c. Second American, from a new and revised London edition, with one hundred and ninety illustrations. Philadelphia: Blanchard & Lea. 1851. 8vo. 566 pp.*

As an elementary work on this branch, Dr. Carpenter's work has long held a high position, and is probably without a rival in the English language. It is the hand book of the student in the British colleges, and previous editions have found their way to every part of our country. The present edition has been printed simultaneously with the London edition, under the immediate supervision of Dr. F. G. Smith, lecturer on physiology in the Philadelphia association. Much of the present edition is fresh from the pen of the distinguished author, and the late progress of the science has rendered many additions and changes in particular departments. The chapters on the nervous sys-

tem, generation and vital forces have been almost entirely re-written. We commend the present edition as probably the most eligible text book for students which they can find. It abounds in good plates and cuts, and is not spun out too long to be read during the lecture terms.

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*Special Anatomy and Histology*—By WM. E. HORNER, M. D., *Professor of Anatomy, University of Pennsylvania, senior Surgeon of St. Joseph's Hospital, member of the Academy of Natural Sciences, Philadelphia, &c. &c. eighth edition, illustrated with anatomical figures. Philadelphia: Blanchard & Lea. 1851. 2 vols. 8 vo. pp. 510—500.*

The unbounded success of Dr. Horner's efforts to supply to the student of anatomy a text book which would meet all his wants, has been fully proven by the continuous demand for his work. After seven large editions have been exhausted the author now brings out the eighth, with many improvements. To all young medical students a most valuable feature in anatomy is to have good plates and plenty of them. The volumes before us have this feature, containing as they do upwards of three hundred accurate delineations of anatomical structures—many of them handsomely executed, and the others as well done as is common with these wood cuts.

It is only necessary for us to announce that this edition is out. The book is known and appreciated by every medical man in the country; and to the young men entering on the study of medicine we commend Horner's Anatomy, because the author is the great anatomist of the country, with powers of description rarely equalled by teachers of this important branch.

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*The Pocket Formulary and Synopsis of the British and Foreign Pharmacopæias, comprising standard and approved formulæ for the preparations and compounds employed in medical practice*—By HENRY BEASLEY, *first American from the fourth London edition, corrected, improved and enlarged. Philadelphia: Lindsay & Blackiston. 1852. 12mo. 443 pp.*

We have to thank the publishers for this book, sent to us through Morris. It is a useful table book in every office, because it is a synopsis of a vast amount of knowledge which the physician needs both when he orders or when he prepares doses, compounds and all sorts of things used in practice. Everything is arranged in alphabetical order, and great caution was observed in preparing it, as is shewn in the fact that the remarks on any particular substance are consistent, and agree to the smallest fraction of a grain with remarks on the same substance in other parts of the book. This is not always the case in prescription books and others of the kind.

*Meteorological Register for twelve years, from 1831 to 1842, inclusive, compiled from Observations made by the Officers of the Medical Department of the Army at the Military Posts of the United States, prepared under the direction of BREVET BRIGADIER GENERAL THOMAS LAWSON, Surgeon General United States Army. Washington: C. Alexander, printer. 1851. 8vo. 324 pp.*

Our thanks are due to Dr. Lawson for the Register. It will always be valuable for reference, and contains the most accurate information in regard to the temperature, winds, rain, snow, fair weather, sunshine and clouds at points all over our extended country. This system was commenced in 1819 under the auspices of Mr. Calhoun, and the volume before us is the third one published by the war department. The importance and great value of reliable meteorological observations and statistics as materiel necessary for the solution of many of the perplexing problems now under consideration of the scientific world, should induce our state governments as well as the federal government to lend some aid towards the collection of them. Such a point as Richmond is neglected, because it is not an army station. This should not be so—the legislature might easily require registers to be kept by the guard at the state barracks, without inconvenience or cost.

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*A Treatise on the History, Etiology and Prophylaxis of Trismus Nascentium—By PROF. WATSON, of the University of Nashville: 8vo. 30 pp. 1851. Second Edition.*

This paper will be attentively read by the profession. Its practical teachings are entirely prophylactic. If stripped of some of its technicalities, and the author had been content to express some of his good ideas in simpler terms, it might very profitably be in the hands of all heads of families.

This class of persons need instruction in the prophylactic treatment of many dangerous and fatal diseases. The physician is not often called in until the giants are full grown, and his efforts are only curative. Dr. Watson takes ground with Dr. Colles, that trismus nascentium is a true traumatic tetanus, dependent for its production on “a peculiar occult state of the general system,” as a predisposing cause, and an unhealthy condition of the umbilicus as the exciting cause. With Dr. Clarke, he maintains that the predisposition may be destroyed by general sanitary precautions, and the immediate exciting cause avoided by intelligent and skillful care of the umbilicus. He is strengthened in these positions by a strong collection of facts, all going to shew that on the cotton plantations of the South (where this disease is very common,) its ravages are escaped wherever the mistress of the family gives her personal attention to the condition of the newly born infants.

W.

*The Physician's Visiting List, Diary and Book of Engagements for 1852.*

Messrs. Lindsay & Blackiston of Philadelphia have laid the profession under obligations to them for one of the greatest conveniences ever furnished them. Here is a little pocket book, half an inch thick, and eight by three in dimensions, which will hold memoranda of visits, paid and to be paid, for each day of each month during the coming year; of obstetric engagements; things wanted and lent; the addresses of patients and nurses; bills and accounts asked for, &c. &c. It is prefaced with an almanac, explanations, table of doses, poisons and antidotes, the national code of ethics, and other things, useful always to refer to. It has lines for twenty-five patients per day, and with it in one's pocket anybody's bill can be made off at any time in a few minutes; and at the end of the year a great deal of information, dates &c. will be preserved, which would otherwise be lost. It is one of the most complete things we ever have seen, and every practitioner would secure one if he could but see it.

As the demand for them must soon exhaust the edition, we suggest to the publishers to have the next one bound with one lid to lap over the other, so that it may be tied like a pocket book and so that it will not warp open.

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*Transactions of the Medical Society of Pennsylvania, at its Annual Session, held in the City of Philadelphia May 1851. Vol. 1. Published by order of the Society, by T. K. & P. G. Collins.*

We are glad to have these proceedings. The whole compose a neat octavo of 128 pages. The minutes of the meeting evince good feeling and hearty co-operation of a body of men who are *at work*. The address of the president, Dr. Worthington, was eloquent, and urged good wholesome doctrines. He properly took the ground that the only way to purify the profession, elevate its character and enlarge its sphere of usefulness, is to guard with the greatest vigilance the portals through which candidates are admitted to membership. Nobody ought to be admitted to the doctorate who is not qualified at once to go into the practice; and, says Dr. W., "our colleges, which are entrusted with the power of granting degrees, should be amenable to the entire profession." That is to say, they should heed the voice of the great congress of the representatives of the American profession, so often and so fervently lifted for reform in the system of manufacturing doctors. Dr. W.'s address is like many others which have been delivered of late years before medical organizations; it breathes the right spirit throughout. But are these organizations bold and independent enough to *carry out* the reforms and the standards as far as they can? We hope their courage will increase with their strength. But ere long the tide will flow so strong that there will be no resisting it; and then we shall have a race between the schools as to which one shall have the highest standard—which one shall be the best.

One hundred pages of these transactions are occupied with various

sanitary, mortuary, topographical and special medical reports, furnished by members, committees and county societies. Some of these are able papers, and we may have room in future to draw from them.

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*The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from August 5th to October 7th, published by Messrs. Lippincott, Grambo & Co.,* has been received. These Transactions have been valuable and interesting from the first, but they are improving steadily. The ability of the Philadelphia profession is exhibited in them, and the knowledge and experience of the most distinguished men in that *medical capital* may be gleaned from these pages; being made, as their motto, "*non sibi sed toti*," says, a common fund. All the large societies should publish their proceedings in this way and exchange with one another. This would break up private medical journals and place *the profession* in the position of editor of its own press.

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*Minutes of the Proceedings of the Medical Society of Georgia, at its Second Annual Meeting, held at Atlanta, April 1851.*

This little pamphlet affords us gratification, inasmuch as it gives evidence of the energy which has been enlisted in the cause of advance in Georgia, one of the great states of the South. The National medical association is the common parent, and already she has a numerous offspring. Nearly every state in the Union has now responded to her call and formed state societies. These societies already possess more weight and influence than the mighty schools. For where is the place where a Georgia or a Virginia or a Philadelphia diploma of M. D. is a passport to its possessor? While on the other hand, the diploma or certificate of membership of the medical society of either of these states, is a pretty sure guarantee of the standing and fair name of the possessor. Were every contributor to the journals and every public medical character a member of the organization of his state, we would hear nothing of the personal strife and public suspicion of unworthiness which now constantly disgrace us before the public.

Appended to these proceedings are two papers worthy of notice; one is a short report of a committee "on the character of education necessary for a physician." This report is short, but to the point. But why adopt such idle words? Idle words they are; for *will* the society *insist* upon its standard of "the character necessary for a physician" being adopted by the private bodies who make whomsoever they may please full physicians? They doubtless answer that they would if they could get the co-operation. Very well. We will see if in a year or two the state societies will not make "a long pull, a strong pull, and a pull altogether," and carry out these ideas which are so just and so true that all committees, reporters, writers, editors, professors,

(in their introductions,) and presidents of societies, are obliged to re-iterate them whenever they take pen in hand.

The second paper is the address of Dr. R. D. Arnold, president of the society, &c. The theme selected was "The reciprocal duties of physicians and of the public towards each other." We wish this address could be published in all the newspapers, that everybody might see it and read it. It is a subject much neglected by the one party and little understood by the other.

We return our thanks to Dr. C. D. Quintard, corresponding secretary of this society, for a copy of the "*Laws of the State of Georgia, relating to the practice of medicine.*" They shall be noticed in a future number.

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*Proceedings of the first Annual Meeting of the Medical Society of Kentucky, held in the City of Frankfort, Oct. 1, 1851.*

Our friend, Dr. R. J. Breckenridge, jr., corresponding secretary of the society, has been kind enough to send us this pamphlet. It contains an account of the assembling of the Kentucky profession in convention, and the immediate formation of a state society, its constitution and the national code of ethics, which was adopted. The next meeting of the body will be held in Louisville on the third Wednesday in October 1852, when sundry committees on the great medical topics will report. We observe that these committees are composed of able men and are well appointed; and as the energetic young men of Kentucky (of whom we know something) have gone to work in the right spirit, we confidently look forward for a grand society at no distant day.

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We have received an address on "*The Claims of Science,*" delivered before the two societies of Erskine college, S. C., at its last commencement, by W. C. RICHARDS, A. M. This gentleman is a distinguished advocate of education in the South, and an enthusiastic lover of science and literature. The address is elegant and chaste, and appeals to the South to raise its voice in the patriotic cause of mental cultivation among our people.

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**Items.**

A stated monthly meeting of the New York academy of medicine was held at the small chapel of the university on Wednesday, 8th September, with a full attendance.

The academy, on motion of Dr. J. R. Wood, went into committee of the whole on the state of the academy, Dr. J. Wood in the chair. The subject under consideration was the publication of a certificate

granted by a fellow of the academy to an oculist of this city. After an expression of opinion by several fellows, strongly disapproving of said certificate, a letter was read from the offending fellow expressive of his regrets that he had given said certificate, and declaring that the individual to whom it had been given had forfeited his pledge by publishing said certificate. A letter was also read from the fellow to said individual, forbidding any farther publication of said certificate. After much discussion, the academy, in consideration of said letter of apology, resolved to postpone indefinitely the farther consideration of the subject.—*N. Y. Med. Times.*

**A MODEL CLERGYMAN.**—At a semi-centennial celebration of the settlement of the Rev. Dr. Snell over the church in North Brookfield, Mass., the Rev. Dr., in addressing his people, took occasion to remark: "One other thing I must not suppress; I would patronize regular-bred physicians—men of good character and well acquainted with their profession. It is perfectly preposterous to suppose that those who never made the human system and diseases and medicine their study, should better know what ails the patient and what treatment his case, under all circumstances, requires, than observation and practice. Health and life are too valuable to be sacrificed on the shrine of ignorance. I would have no fellowship with ultraism, humbuggery, quackery, mesmerism or mysterious knockings—all of a sort—the plagues of wise men and the idols of fools." We commend this to the notice of our clerical friends who are so anxious to make proselytes to the modern systems of medical tomfooleries.—*Ibid.*

Prof. Bennett, of Edinburgh, strongly advocates the converting of the Crystal Palace into a winter garden and promenade for the benefit of invalids. He thinks that consumptive patients would be greatly benefited by breathing there a pure balmy air, taking exercise, and in various ways amusing themselves. So favorably does this plan strike the managers of the hospital for consumption, that they contemplate erecting an immense greenhouse or sanatorium as a part of the institution. If we mistake not, a distinguished professor in our midst entertains like views.—*Ibid.*

**PUNISHMENT OF QUACKS IN THE DAYS OF EDWARD VI.**—A quack in the days of Edward VI was punished by being placed upon a scaffold, with a paper on his breast on which his deceitful practices were written; after which he was set on a pillory. He was next put on a horse's back—his face to the horse's tail—the tail placed in his hands—a collar was put about his neck, a whetstone on his breast, and he was led through the streets of London at the ringing of basins. He was afterwards banished. If the quacks of our day were punished according to their deserts, what a fluttering there would be!—*Boston Med. and Sur. Journal.*

Dr. Bennett Dowler, of New Orleans, has been appointed to the chair of physiology and pathological anatomy in the Memphis medical college.

Professor Simpson offers \$ 500 to any clairvoyant or *mesmerizé* who can read a line of Shakspeare which he has written on a slip of paper and enclosed in a sealed box. That's a corker !

Dr. Oldham has lately performed, at Guy's hospital, London, the Cæsarian section successfully to both mother and child. See *Lancet* for particulars.

DR. HAYS has employed Cod-liver oil in the treatment of from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and says that the benefit resulting from its use has been striking.

[We have used this remedy in a number of "dirt eating children," sometimes combining it with the syrup of the iodide of iron, and with more satisfactory effect than any we have seen secured by other remedies. If the bowels continued to act irritably under the use of the medicine, enough laudanum was advised to check the evacuation. These medicines, together with a generous diet, have, in a short time, conquered the morbid propensity to eat dirt in several aggravated cases of this cachexy, which is so often observed among negro children, and not unfrequently among whites. E. L. D.]

[*Trans. Med. Journal.*

AYER'S CHERRY PECTORAL.—We have observed with astonishment, that the "Transylvania university of medicine, Lexington, Ky.," figures among the list of "high medical authorities" which have awarded to the Cherry Pectoral "unqualified commendation." We allude to this circumstance simply for the purpose of saying that no such commendation has ever been conceded by Transylvania university, and to insist upon the name of that venerable institution being stricken from the list. We protest against such a rape of the fair fame of our old school, and take this occasion to say, that if the testimonials of the dragoman of the Imaum of Muscat (!) and other high functionaries have been as uncereemoniously employed as that of Transylvania, Mr. Ayer's notions of truth and propriety may be ranked with those of vendors of nostrums generally—made of materials more stretchy than gum elastic.—[*Ibid.*

Drs. J. C. Warren, of Boston, and Mütter, of Philadelphia, who have been absent during the summer months in Europe, have returned to the United States.

DEATH OF DR. BAUDELLOCQUE.—This distinguished physician has lately sunk under a chronic malady, aged 55. He is well known to English readers as a writer on obstetrical subjects and on scrofula. He was physician to the hospital for sick children, and had one of the largest midwifery practices in Paris.

### The Training and Teaching of Idiots.

The last number of that excellent quarterly, the *American Journal of Insanity*, contains a full and very interesting report, made to the legislature of Massachusetts by Dr. S. G. HOWE, who was appointed one of the commissioners to enquire into the condition of the idiots of the commonwealth, to ascertain their number, and whether anything could be done in their behalf. He gives a flattering account of the gratifying results which attended the experiments on several cases.

The conclusions to which this commission have arrived may be known from the following brief extract :

"I consider this experiment, therefore, to have been entirely successful. It has demonstrated beyond question that among those unfortunate human beings who are left to grovel in brutal idiocy, there are many who can be redeemed and elevated, and made to be comparatively intelligent and happy and useful. Here stand the rescued ones, living proofs of the power of education. Let even the most skeptical examine them closely ; their doubts will be removed. Let those who have disapproved the project as a vain and hopeless one, and those also who have ridiculed it as a presumptuous one, (for there have been both, and in high places too,) let them come, and see whether they have not unwittingly been encouraging an abandonment of their fellow-beings, who might have been saved from a condition at which humanity shudders."

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### Startling Facts from the Census.

*Messrs. Editors*—In the interesting article on the increase of our population, published in your paper of June 12th, you remark in the words of *The Commercial*, "Either the free colored population are voluntarily emigrating at a rate beyond what is generally supposed, or there is something in their social condition that is entirely inimical to their physical prosperity."

Many arguments might be adduced to prove that the latter and not the former alternative is the real fact. And as a remarkable illustration of this truth, I send you a copy of a few items from a statistical table which I compiled some years ago from the U. S. census of 1840, and published in a country newspaper, without obtaining much notice, although it exhibits, in a most striking light, the amazing prevalence of insanity and idiocy among our free colored population over the whites and slaves.

It is a matter of regret, that the U. S. census of 1840 groups both these classes of unfortunates together, as if they were involved in one and the same calamity ; and it is also to be regretted that there is no discrimination of the prevalence of these maladies among the free blacks and the slaves. The writer made an effort to have these imperfections obviated in taking the late census in 1850 ; but he has

reasons to apprehend from what he has seen of the returns, that his feeble voice did not engage the attention of the "commissioners" who were entrusted with the responsible duty of preparing the forms, though they solicited suggestions from those who felt an interest in the subject.

The census of our own state, taken in 1845, carefully distinguishes between idiots and lunatics; from which it appears that their ratio in the state of New York is about four to five, or more nearly sixteen to twenty-one, on the whole population; but it makes no distinction between the white and colored population in regard to the existence of these maladies. It is obvious, however, from the following schedule, that there is an awful prevalence of idiocy and insanity among the free blacks over the whites, and especially over the slaves. Who would believe, without the fact in black and white before his eyes, that *every fourteenth colored person in the state of Maine is an idiot or a lunatic?* And though there is a gradual improvement in their condition, as we proceed West and South, yet it is evident that the free states are the principal abodes of idiocy and lunacy among the colored race.

*Statistical Table from the United States Census of 1840.*

| STATES.               | Total white population. | Insane and Idiots. | Proportion. | Total colored population. | Insane and Idiots. | Proportion. |
|-----------------------|-------------------------|--------------------|-------------|---------------------------|--------------------|-------------|
| Maine, - - -          | 500438                  | 537                | 1 in 950    | 1355                      | 94                 | 1 in 14     |
| New Hampshire, - - -  | 284036                  | 486                | 1 " 584     | 538                       | 19                 | 1 " 28      |
| Massachusetts, - - -  | 729030                  | 1071               | 1 " 662     | 8669                      | 200                | 1 " 43      |
| Vermont, - - -        | 291218                  | 398                | 1 " 731     | 730                       | 13                 | 1 " 56      |
| Connecticut, - - -    | 301856                  | 498                | 1 " 606     | 8159                      | 44                 | 1 " 185     |
| Rhode Island, - - -   | 105587                  | 203                | 1 " 520     | 3243                      | 13                 | 1 " 249     |
| New York, - - -       | 2378890                 | 2116               | 1 " 1108    | 50031                     | 194                | 1 " 257     |
| New Jersey, - - -     | 351588                  | 369                | 1 " 952     | 21718                     | 73                 | 1 " 293     |
| Pennsylvania, - - -   | 1676115                 | 1946               | 1 " 861     | 37952                     | 187                | 1 " 256     |
| Delaware, - - -       | 58561                   | 52                 | 1 " 1126    | 19524                     | 28                 | 1 " 697     |
| Maryland, - - -       | 317717                  | 387                | 1 " 821     | 151515                    | 141                | 1 " 1074    |
| Virginia, - - -       | 740968                  | 1052               | 1 " 704     | 498829                    | 381                | 1 " 1309    |
| North Carolina, - - - | 484870                  | 580                | 1 " 835     | 268549                    | 221                | 1 " 1215    |
| South Carolina, - - - | 259084                  | 376                | 1 " 689     | 335314                    | 137                | 1 " 2440    |
| Georgia, - - -        | 407695                  | 294                | 1 " 1387    | 283697                    | 134                | 1 " 2117    |
| Ohio, - - -           | 1502022                 | 1195               | 1 " 1257    | 17345                     | 165                | 1 " 105     |
| Kentucky, - - -       | 590253                  | 795                | 1 " 742     | 189575                    | 180                | 1 " 1053    |
| Louisiana, - - -      | 158457                  | 55                 | 1 " 2873    | 193954                    | 45                 | 1 " 4310    |

In the preceding list I have aimed to give a view of this subject on the territory occupied by the thirteen original states. I have added Ohio and Kentucky merely to shew that the same contrast between the old free and slave states exists in the new. Ohio and Kentucky, though contiguous to each other, and of nearly equal age, exhibit the same amazing difference. In the former there are just ten colored persons who are idiots or lunatics, where there is one in the latter.

And in Louisiana, where a large majority of the population is colored, and *four-fifths* of them slaves, there is but one of these poor

unfortunates to 4,310 who are sane. In fact, the want of sense or reason appears to be a rare visitation upon those who are held in slavery. This is an ample theme for the speculations of the physiologist and the moralist.—*Am. Jour. Insanity.*

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### Prof. Cenas' Cases of Difficult Labor.

CASE I.—I was called on the morning of the 20th of April last, at about 11 o'clock, to see a negro woman in labor with her eighth child. A midwife was in attendance, who informed me that she had been with the patient all night, and that she was induced to send for me because, for the last six hours, the labor had made no progress.

On examination per vaginam, I found the head jammed in the brim of the pelvis, and the integuments of the scalp so much tumified as to convey the impression that the head itself was much lower down than it actually was. Uterine pains were pretty active, and the parts of the mother began to suffer from the effects of pressure, the vagina being hot, swollen, dry and painful.

Under these circumstances, immediate delivery was urgent; and as auscultation satisfied me that the foetus was dead, I chose the scissors and crotchet as the means best calculated to effect its delivery without injury to the parts of the mother.

By 3 o'clock my patient was entirely and safely delivered of a very large male child, and her recovery was rapid and perfect.

CASE II.—I was called to this case by my friend Dr. Stone, who had himself been sent for only an hour before. I arrived about 6 o'clock P. M. 20th July, and found Mrs. P—— in labor with her tenth child. A midwife was with her, who told us that the labor had commenced the night before, had progressed slowly until within the last four hours, and was now completely at a stand. On examination, pretty much the same state of things was found as in the preceding case, viz: the head jammed, the scalp swollen, and the parts of the mother beginning to evince suffering from pressure.

Here, too, the necessity for delivery was urgent; but as the child was alive, as evinced by the circulation and movement, we decided, notwithstanding the state of the soft parts of the mother, to give it the chance of the forceps. The patient was placed under the partial influence of chloroform, and the forceps were applied without much difficulty; but it required a considerable amount of force to effect a delivery, which was, however, done with safety to the mother. This child was also a male, and very large; it was still-born, but in a short time recovered, and cried and nursed actively. But unfortunately, owing to gross mismanagement, did not survive more than 26 hours.

The cause of difficulty in these cases was entirely owing to the disproportion between foetus and pelvis, for both children were uncommonly large. It would be well to mention that the mothers were under the impression that they had gone beyond their time. \* \* \* \*

[*N. O. Medical Register.*

OBITUARY RECORD.

DIED, at his residence, in New York, of typhoid fever, in the 58th year of his age, on the 14th of November, Dr. J. KEARNEY ROGERS. Dr. R. was a man of great science, and enjoyed a fine practice and the reputation as one of the most distinguished members of the profession in New York.

DIED, at Churchville, in the county of Augusta, on the 12th March, Dr. EDWIN H. GOOCH, in the 33d year of his age. Doctor G. graduated at the University of Virginia in 1842, and for many years practised his profession in Charlottesville.

DIED, at the Western lunatic asylum, on the 18th October, Dr. JOHN H. TOMPKINS, in the 49th year of his age. Dr. T. graduated at the University of Maryland in 1828, and was for many years a practitioner of medicine in the city of Richmond.

DIED, on the 1st of November, in the county of New Kent, Dr. R. N. HALL, in the 28th year of his age. Dr. H. was a graduate of the University of Virginia, and practised medicine in the county of Henrico, which county he represented in the last legislature of Virginia, as the delegate to the house of representatives. Dr. H. came to his death by the accidental discharge of a pistol while alone on a hunting excursion. He lingered long enough only to give an account of the sad accident.

DIED, in Brunswick, on the 26th September, in the 62d year of his age, Dr. JNO. FIELD, an eminent physician and a gentleman of great worth and moral character.

DIED, on the 13th October, at his residence near Beaver Dam depot in the county of Hanover, of hydrops pericardii, Dr. NICHOLAS TERRELL, in the 49th year of his age, much lamented, by all who knew him, for his amiable and benevolent disposition.

DIED, in the county of Hanover, on the 25th November, Dr. JOHN P. HARRISON, in the 46th year of his age.



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